2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 07, 2006 8:00 am
Secretary of State
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1. Entity Name
JOHNSTON & JOHNSTON LAW OFFICE, P.A.

50009933

04052006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
BAYSHORE EXECUTIVE PLAZA, SUITE 540 10800 BISCAYNE BLVD. MIAMI, FL 33161	BAYSHORE EXECUTIVE PLAZA, SUITE 540 10800 BISCAYNE BLVD. MIAMI, FL 33161

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0453754 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, ROSS M
BAYSHORE EXECUTIVE PLAZA, SUITE 540
10800 BISCAYNE BLVD.
MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVSD JOHNSTON, ROSS M. BAYSHORE EXECUTIVE PLAZA, SUITE 540 MIAMI, FL 33161	☐ Delete	PVD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JOHNSTON, LINDA W BAYSHORE EXECUTIVE PLAZA, SUITE 540 MIAMI, FL 33161	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ross M. Johnston - Ross M. Johnston PVD 4/5/06 305/892-8250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #