


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P93000058973 1. Entity Name JUSTIN C. JOHNSON & ASSOCIATES, P.A. |  |
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|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Principal Place of Business 4020 PARK ST NORTH STE 302 SAINT PETERSBURG, FL 33709 US | Mailing Address 4020 PARK ST NORTH STE 302 SAINT PETERSBURG, FL 33709 US |
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01122005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3173417 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

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| 6. Name and Address of Current Registered Agent JOHNSON, JUSTIN C 1135 S. PASADENA AVE., STE. 107 ST. PETERSBURG, FL 33707 |
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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

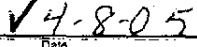
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|----------------------------------------------------|------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P JOHNSON, JUSTIN C. 51-84TH AVENUE TREASURE ISLAND, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S BAUERLEIN, ELIZABETH L. 51-84TH AVE TREASURE ISLAND, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **4-8-05** **727-384-3524**
Date Daytime Phone #