


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000058973</b> 1. Entity Name <b>JUSTIN C. JOHNSON &amp; ASSOCIATES, P.A.</b>	
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Principal Place of Business <b>4020 PARK ST NORTH STE 302 SAINT PETERSBURG, FL 33709 US</b>	Mailing Address <b>4020 PARK ST NORTH STE 302 SAINT PETERSBURG, FL 33709 US</b>
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02192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3173417</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>JOHNSON, JUSTIN C 1135 S. PASADENA AVE., STE. 107 ST. PETERSBURG, FL 33707</b>
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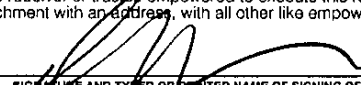
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000680150 04/03/07-80066-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOHNSON, JUSTIN C. 8449 BLIND PASS DR TREASURE ISLAND, FL 33706</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BAUERLEIN, ELIZABETH L. 8449 BLIND PASS DR TREASURE ISLAND, FL 33706</b>
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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.  <b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/23/07</b> Date	<b>727-384-3524</b> Daytime Phone #
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