

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000022402

FILED
Apr 13, 2009
Secretary of State

Entity Name: JOHNSTON ARCHITECTURAL SYSTEMS, INC.

Current Principal Place of Business:

11494 COLUMBIA PK DR W.
#4
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

11494 COLUMBIA PK DR W.
#4
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 59-3238557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, DIXON SCOTT
11494 COLUMBIA PARK DR. WEST
STE # 4
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSTD () Delete
Name: JOHNSTON, DIXON SCOTT
Address: 7928 VINEYARD LAKE RD N
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD () Delete
Name: PETRY, JOSEPH W
Address: 13541 OSPREY POINT BLVD
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: TURNER, JAMES W. J
Address: 1412 VISTA COVE ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MYERS, ERIN C
Address: 495 DEL MONTE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIN MYERS

VP

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date