

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000022402

FILED  
Feb 01, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: VP  
Name: MORGAN, ERIN M  
Address: 495 DEL MONTE DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: ERIN MORGAN

VP

02/01/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date