## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP TITLE

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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

## Jan 29, 2007 08:00 AM **DOCUMENT # P94000043796 Secretary of State** MARGERY JOHNSTON ENTERPRISES, INC. Principal Place of Business Mailing Address 3339 JULINGTON CREEK RD 3339 JULINGTON CREEK RD JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 US US No Chg-P 01122007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3248775 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSTON, MARGERY DO NOT WRITE 3339 JULINGTON CREEK RD JACKSONVILLE, FL 32223 IN THIS SPACE 3. 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) U00000609587 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 02/01/07-80056-017 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME JOHNSTON, MARGERY 3339 JULINGTON CREEK RD STREET ADDRESS CITY-ST-ZP JACKSONVILLE, FL TIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME

FILED

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated 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 otyper like empowered.

SIGNATURE: Mayun Atriston Majorery Johnston 1-25-07 904-268-3339