

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P96000008982

1. Entity Name
JOHNSTON PRINTING & GRAPHICS, INC.



Principal Place of Business

4101 SAN RAFAEL
TAMPA, FL 33629

Mailing Address

4101 SAN RAFAEL
TAMPA, FL 33629



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3363436

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

CLOVERSETTLE, GEORGE
4101 SAN RAFAEL
TAMPA, FL 33629

**DO NOT WRITE
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

George R. Cloversett *George R. Cloversett* 4-20-07
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P.D
NAME	CLOVERSETTLE, GEORGE R
STREET ADDRESS	4101 SAN RAFAEL
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VPS
NAME	CLOVERSETTLE, BRENDA S
STREET ADDRESS	4101 SAN RAFAEL
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/02/07-80031-024 150.00

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.

SIGNATURE:

George R. Cloversett *GEORGE R. CLOVERSETTLE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

813-258-2449