## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000037134

City-St-Zip:

PALM HARBOR, FL 34684

Entity Name: JOHNSTON & JOHNSTON, INC.

FILED May 03, 2005 Secretary of State

| •   |  |  |   |  |  |
|---|--|--|---|--|--|
| Current Principal Place of Business:          |  |  | New Principal Place o                       | New Principal Place of Business:             |  |
|   | DDRIGE PLACE<br>RBOR, FL 3468                          |  |   |  |  |
| Current Mailing Address:                      |  |  | New Mailing Address                         | New Mailing Address:                         |  |
|   | DDRIGE PLACE<br>RBOR, FL 3468                          |  |   |  |  |
| FEI Number:                                   | : 59-3376553   | FEI Number Applied For (                                     | ) FEI Number Not Applicable ( )             | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |  | t: Name and Address of                      | Name and Address of New Registered Agent:    |  |
|   | DN, GAIL<br>DDRIDGE PLAC<br>RBOR, FL 3468              |  |   |  |  |
|   | named entity s<br>of Florida.                          | ubmits this statement for                                    | the purpose of changing its registered      | office or registered agent, or both,         |  |
| SIGNATUR                                      | RE:  |  |   |  |  |
| Electronic Signature of Registered Agent      |  |  | d Agent                                     | Date   |  |
|   |  | (2)(b), F.S., the corporation<br>Trust Fund Contribution ( ) | did not receive the prior notice.           |  |  |
| OFFICERS AND DIRECTORS:                       |  |  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PVST ()<br>JOHNSTON, GA<br>3535 WOODRIE<br>PALM HARBOR | GE PLACE   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D (X)<br>CORSINI, GAIL<br>1703 BERMUDA<br>SAFETY HARBO |  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:                   | D () JOHNSTON, TIM 3535 WOODRIE                        |  | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: GAIL JOHNSTON PRES 05/03/2005