


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000037134 1. Entry Name JOHNSTON & JOHNSTON, INC.	
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FILED
Sep 05, 2008 08:00 AM
Secretary of State

Principal Place of Business 3535 WOODRIDGE PLACE PALM HARBOR, FL 34684 US	Mailing Address 3535 WOODRIDGE PLACE PALM HARBOR, FL 34684 US
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05152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3376553	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHNSTON, GAIL
 3535 WOODRIDGE PLACE
 PALM HARBOR, FL 34684

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	PVST
NAME	JOHNSTON, GAIL
STREET ADDRESS	3535 WOODRIDGE PLACE
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D
NAME	JOHNSTON, TIM
STREET ADDRESS	3535 WOODRIDGE PALCE
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 09/05/08-80006-011 150.00

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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: Gail Johnston Date: 5-7-08 Daytime Phone #: 2742-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR