

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000043956

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: JOHNSTON TACKLE CORPORATION

## Current Principal Place of Business:

13875 N INDIAN RIVER DR  
SEBASTIAN, FL 32958

## New Principal Place of Business:

## Current Mailing Address:

13875 N INDIAN RIVER DR  
SEBASTIAN, FL 32958

## New Mailing Address:

PO BOX 1323  
ROSELAND, FL 32957

FEI Number: 65-0780882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, JOHN E III  
5070 N. HWY A1A STE 200  
VERO BEACH, FL 32963 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JOHNSTON, ALBERT S III  
Address: 13875 N INDIAN RIVER DR  
City-St-Zip: SEBASTIAN, FL 32958

Title: VD ( ) Delete  
Name: JOHNSTON, ALBERT S III  
Address: 13875 N INDIAN RIVER DR  
City-St-Zip: SEBASTIAN, FL 32958

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA ( ) Change (X) Addition  
Name: JOHNSTON, ALBERT S III  
Address: 13875 N INDIAN RIVER DRIVE  
City-St-Zip: SEBASTIAN, FL 32958

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: A. S. JOHNSTON III

PD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date