


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000025683 1. Entity Name GENE F. JOHNSTON PAINTING, INC.	
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Principal Place of Business 9920 HARNEY RD. THONOTOSASSA, FL 33592	Mailing Address 13409 MCINTOSH ROAD THONOTOSASSA, FL 33592
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01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3625455	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JOHNSTON, GENE F D
13409 MCINTOSH ROAD
THONOTOSASSA, FL 33592

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSTON, GENE F
STREET ADDRESS	13409 MCINTOSH ROAD
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	P
NAME	DIONNE, CHRIS D
STREET ADDRESS	16447 VIRGILIO PL
CITY-ST-ZIP	SPRING HILL, FL 33610
TITLE	S
NAME	JOHNSTON, EMMA J
STREET ADDRESS	13409 MCINTOSH ROAD
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	T
NAME	JOHNSTON, MATHEW
STREET ADDRESS	9920 HARNEY RD
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/06-80052-020 158.75

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Gene F Johnston **Gene F Johnston** 813/625-2
1/30/06