2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61803

FILED Jan 13, 2009 Secretary of State

Entity Name: JOHNSON, LEVINSON, RAGAN, DAVILA, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1450 CENTREPARK BOULEVARD					
#350 WEST PALM BEACH, FL 33401					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1450 CENTREPARK BOULEVARD					
#350 WEST PALM BEACH, FL 33401					
FEI Number: 65-0268246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)				Certificate of Status Desired (X)	
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Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KRASNA, GARY M GARY M. KRASNA, P.A. 120 E. PALMETTO PARK ROAD, SUITE 100 BOCA RATON, FL 33432 US					
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:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP () D GABELMAN, CHA 6383 STONEHUR LAKE WORTH, FI	RLES C ST CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () D BENNETT, RONA 189 COVE RD GREENACRES, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () D DAVILA, MICHAEI 2750 WINDHAM O DELRAY BEACH,	L D COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () D RAGAN, HAROLD 14844 BLACK BE PALM BCH GARD	L AR TRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () D LINDEN, MICHAE 17642 113TH TER JUPITER, FL 334	RRACE NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () D FEAGANS, TIMOT 13483 158TH STF JUPITER, FL 334	REET NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
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: DANA SIMMONS OM 01/13/2009