

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000082123

**Entity Name:** KIRSTEN E JOHNSON & COMPANY PA

**Current Principal Place of Business:**

535 NE 36TH AVE  
SUITE 2  
OCALA, FL 34470

**Current Mailing Address:**

535 NE 36TH AVE  
SUITE 2  
OCALA, FL 34470 US

**FEI Number:** 45-3306233

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOHNSON, KIRSTEN E  
4025 SE 17TH STREET  
OCALA, FL 34471 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

**Officer/Director Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | P                   | Title           | VP                  |
| Name            | JOHNSON, KIRSTEN E  | Name            | STEWART, BRYAN E    |
| Address         | 4025 SE 17TH STREET | Address         | 4025 SE 17TH STREET |
| City-State-Zip: | OCALA FL 34471      | City-State-Zip: | OCALA FL 34471      |

*I hereby 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 all other like empowered.*

**SIGNATURE:** KIRSTEN E JOHNSON

**PRESIDENT**

**04/14/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date