2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 301182

1. Entity Name
JOHNSON FARMS, INC.

Principal Place of Business	Mailing Address
505 S FLAGLER DR SUITE 1010 W PLAM BCH, FL 33401 US	PO BOX 85 W PALM BCH, FL 33402 US

03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1214647
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, RICHARD S
505 S. FLAGLER DRIVE
SUITE 1010
WEST PALM BEACH, FL 33401

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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
After May 1, 2006 Fee will be $550.00

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

000001506551
04/27/06-80026-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, RICHARD S
STREET ADDRESS	751 ISLAND DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	JOHNSON, SCOTT A
STREET ADDRESS	505 S FLAGLER DRIVE, #1010
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	JOHNSON, RICHARD S JR
STREET ADDRESS	1706 N LAKESIDE DRIVE
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	DS
NAME	JOHNSON, PATSY S
STREET ADDRESS	751 ISLAND DRIVE
CITY-ST-ZIP	PALM BEACH, FL
TITLE	D
NAME	SNED, PATRICIA J
STREET ADDRESS	165 ELWA PLACE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	FLAGG, CATHARINE J
STREET ADDRESS	249 LA PUERTO WAY
CITY-ST-ZIP	PALM BEACH, FL 33480

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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: _____ Richard S Johnson 4/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #