2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000003063

1. Entity Name
JOHNSON & JOHNSON PREFERRED FINANCING, INC.

Principal Place of Business	Mailing Address
960 MORRISON DRIVE SUITE 202 CHARLESTON, SC 29403	PO BOX 20370 CHARLESTON, SC 29413

DO NOT WRITE IN THIS SPACE

01102008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
64-0757492	Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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_____

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	JOHNSON, ROBERT C JR.
STREET ADDRESS	960 MORRISON DRIVE, SUITE 300
CITY-ST-ZIP	CHARLESTON, SC 29403

TITLE	SD
NAME	JOHNSON, HARRY L II
STREET ADDRESS	960 MORRISON DRIVE, SUITE 300
CITY-ST-ZIP	CHARLESTON, SC 29403

TITLE	TD
NAME	JOHNSON, FRANCIS G
STREET ADDRESS	960 MORRISON DRIVE, SUITE 300
CITY-ST-ZIP	CHARLESTON, SC 29403

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/08-80036-016 150.00

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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: _____ Frank Zanin   1/15/08   443-577-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #