

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90047 016 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000087946

1. Entity Name
JOHNSON & JOHNSON GROWERS INC.



Principal Place of Business
**5948 STATE RD 66
SEBRING, FL 33872**

Mailing Address
**5948 STATE RD 66
SEBRING, FL 33872**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1136091

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, BRENDA
4939 125 AVE SOUTH
LAKE WORTH, FL 33467-0225**

Name

Street Address (P.O. Box Number is Not Acceptable)

5948 STATE ROAD 66

City

SEBRING

FL

Zip Code
33872

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
JOHNSON, CARL
4939 125 AVE SOUTH
LAKE WORTH, FL 33467-0225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**5948 STATE ROAD 66
SEBRING, FL 33872**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
JOHNSON, NANCY
4939 125 AVE SOUTH
LAKE WORTH, FL 33467-0225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**5948 STATE ROAD 66
SEBRING, FL 33872**

TITLE
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CITY-ST-ZIP

**STD
JOHNSON, BRENDA
4939 125 AVE SOUTH
LAKE WORTH, FL 33467-0225**

TITLE
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**5948 STATE ROAD 66
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Brenda Johnson** Sec/Treas. 2-17-04 863 3851966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #