


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

03-08-2004 90047 016 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

24017385



<b>DOCUMENT # P01000087946</b>			
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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, BRENDA <del>4939 125 AVE SOUTH</del> LAKE WORTH, FL 33467-0225		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		5948 STATE ROAD 66	
		City	FL Zip Code
		SEBRING	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CARL	NAME	
STREET ADDRESS	<del>4939 125 AVE SOUTH</del>	STREET ADDRESS	5948 STATE ROAD 66
CITY-ST-ZIP	LAKE WORTH, FL 334670225	CITY-ST-ZIP	SEBRING, FL 33872
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, NANCY	NAME	
STREET ADDRESS	<del>4939 125 AVE SOUTH</del>	STREET ADDRESS	5948 STATE ROAD 66
CITY-ST-ZIP	LAKE WORTH, FL 334670225	CITY-ST-ZIP	SEBRING, FL 33872
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BRENDA	NAME	
STREET ADDRESS	<del>4939 125 AVE SOUTH</del>	STREET ADDRESS	5948 STATE ROAD 66
CITY-ST-ZIP	LAKE WORTH, FL 334670225	CITY-ST-ZIP	SEBRING, FL 33872
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Brenda Johnson</u>		Date: <u>2-17-04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>863 3851966</u>	