

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000087946
 1. Entity Name
JOHNSON & JOHNSON GROWERS INC.



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

DO NOT WRITE IN THIS SPACE



01152005 No 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
 JOHNSON, BRENDA
 5948 SR 66
 SEBRING, FL 33872

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOHNSON, CARL 5948 SR 66 SEBRING, FL 33872 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JOHNSON, NANCY 5948 SR 66 SEBRING, FL 33872 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD JOHNSON, BRENDA 5948 SR 66 SEBRING, FL 33872 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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)(f), 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 4-12-05 863 385 1966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #