## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 05, 2007 08:00 Al **DOCUMENT # P01000087946 Secretary of State** 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 CR2E034 (11/05) 02122007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1136091 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent JOHNSON, BRENDA DO NOT WRITE 5948 SR 66 SEBRING, FL 33872 IN THIS SPACE 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. mour d agent and title If applicable ed Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE 18 \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PD JOHNSON, CARL NAME 5948 SR 66 STREET ADDRESS SEBRING, FL 33872 CITY-ST-ZIP U00000655825 **VSTD** 03/14/07-80001-006 150.00 JOHNSON, BRENDA NAME 5948 SR 66 STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33872 MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 cath; 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.

Changed, or on an altaorimonic with all address,

STREET ADDRESS CITY-ST-ZIP

EIGNATURE AND TYPED OF PRINTED NAME OF BIGHING OFFICER OR DIRECT

2-19-078633851966

FILED