


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 AM
Secretary of State

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 |
|--|--|

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-1136091 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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, 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 NAME STREET ADDRESS CITY-ST-ZIP | PD JOHNSON, CARL 5948 SR 66 SEBRING, FL 33872 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD JOHNSON, BRENDA 5948 SR 66 SEBRING, FL 33872 |
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 03/21/08-80049-011 150.00

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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: Brenda Johnson 1-21-08 561 6626364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #