


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000047646  
 1. Entity Name  
 JOHNSON PRODUCE CO., INC.



Principal Place of Business      Mailing Address  
 1255 WEST ATLANTIC BLVD.      P.O. BOX 1123  
 OFFICE #219      POMPAN0 BEACH, FL 33061  
 POMPAN0 BEACH, FL 33069      US

**DO NOT WRITE IN THIS SPACE**



01152007    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-0422780	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, CLAIRE B  
 1255 W. ATLANTIC BLVD,  
 OFFICE # 219  
 POMPAN0 BEACH, FL 33069

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	D JOHNSON, JOHN W JR. 1255 W. ATLANTIC BLVD #219 POMPAN0 BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, CLAIRE B 1255 W ATLANTIC BLVD #219 POMPAN0 BEACH, FL 33609
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000000590709  
 01/18/07-80066-025 150.00

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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: Claire Johnson Secretary      1/15/07    954.946.6588  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Claire Johnson*