

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 301182

Entity Name: JOHNSON FARMS, INC.**Current Principal Place of Business:**505 S FLAGLER DR
SUITE 1010
W PALM BCH, FL 33401**Current Mailing Address:**PO BOX 85
W PALM BCH, FL 33402 US**FEI Number:** 59-1214647**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, SCOTT A
505 S. FLAGLER DRIVE
SUITE 1010
WEST PALM BEACH, FL 33401 US*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.***SIGNATURE:** SCOTT A JOHNSON**04/24/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name JOHNSON, SCOTT A
Address 505 S FLAGLER DRIVE, #1010
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR, VP
Name JOHNSON, RICHARD S JR.
Address 1706 N LAKESIDE DRIVE
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR, SECRETARY
Name JOHNSON, PATSY S
Address 751 ISLAND DRIVE
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name SNED, PATRICIA J
Address 6015 SOUTH FLAGLER DRIVE
City-State-Zip: WEST PALM BEACH FL 33405

Title DIRECTOR
Name FLAGG, CATHARINE J
Address 249 LA PUERTA WAY
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR
Name AUSTIN, HELENE J
Address 100 PLYMOUTH ROAD
City-State-Zip: WEST PALM BEACH FL 33405

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT A JOHNSON**PRESIDENT****04/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date