

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 200100

FILED
Apr 06, 2004
Secretary of State

Entity Name: JOHNSON & JOHNSON, INC.

Current Principal Place of Business:

U.S. 90 EAST
P.O. BOX 157
MADISON, FL 32341

New Principal Place of Business:

1607 US HWY 90 EAST
MADISON, FL 32340

Current Mailing Address:

U.S. 90 EAST
P.O. BOX 157
MADISON, FL 32341

New Mailing Address:

FEI Number: 59-0799238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, J K
100 E. FRALEIGH DRIVE
MADISON, FL 32340 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: JOHNSON, J.K.,
Address: 100 E. FRALEIGH DRIVE
City-St-Zip: MADISON, FL 32340

Title: S () Delete
Name: JOHNSON, JACQUELINE, P
Address: 100 E FRALEIGH DR
City-St-Zip: MADISON, FL 32340

Title: V () Delete
Name: JOHNSON, JACOB K JR
Address: RT. 4, BOX 980
City-St-Zip: MADISON, FL 32340

Title: T () Delete
Name: WARING, ELIZABETH
Address: RT 5 BOX 6000
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: JOHNSON, JACOB K SR
Address: 100 E. FRALEIGH DRIVE
City-St-Zip: MADISON, FL 32340

Title: S (X) Change () Addition
Name: JOHNSON, JACQUELINE P
Address: 100 E. FRALEIGH DRIVE
City-St-Zip: MADISON, FL 32340

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WARING, ELIZABETH
Address: 2830 NE COLIN KELLY HWY
City-St-Zip: MADISON, FL 32340

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACOB K. JOHNSON, SR

PT

04/06/2004

Electronic Signature of Signing Officer or Director

_____ Date