

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 200100		
1. Entity Name JOHNSON & JOHNSON, INC.		

Principal Place of Business 1607 US HWY 90 EAST MADISON, FL 32340	Mailing Address P O BOX 157 MADISON, FL 32341
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 MAY 16 PM 5: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262006 Chg-P CR2E034 (11/05)

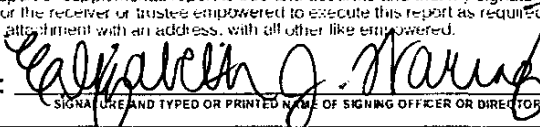
6. Name and Address of Current Registered Agent JOHNSON, JACOB K JR 1778 NE COLIN KELLY HWY MADISON, FL 32340	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____	

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P JOHNSON, JACOB K JR 1778 NE COLIN KELLY HWY MADISON, FL 32340	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ST WARING, ELIZABETH A 2830 NE COLIN KELLY HWY MADISON, FL 32340	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	V.S. WARING, Elizabeth J. 2830 NE Colin Kelly Hwy Madison, FL 32340	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D JOHNSON, JACOB K SR 437 NE FRALEIGH DRIVE MADISON, FL 32340	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	8/5/23	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D JOHNSON, JACQUELINE P 437 NE FRALEIGH DRIVE MADISON, FL 32340	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

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: 	5/1/06