# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 200100

1. Entity Name
JOHNSON & JOHNSON, INC.

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

04262006 Chg-P CR2E034 (11/05)

| Principal Place of Business | Mailing Address |
|---|---|
| 1607 US HWY 90 EAST<br>MADISON, FL 32340 | P O BOX 157<br>MADISON, FL 32341 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number
59-0799238
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON, JACOB K JR
1778 NE COLIN KELLY HWY
MADISON, FL 32340

**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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | P<br>JOHNSON, JACOB K JR<br>1778 NE COLIN KELLY HWY<br>MADISON, FL 32340 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ST<br>WARING, ELIZABETH A<br>2830 NE COLIN KELLY HWY<br>MADISON, FL 32340 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☑ Change ☐ Addition<br>VS<br>WARING, Elizabeth J.<br>2830 NE Colin Kelly Hwy<br>Madison, FL 32340 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>JOHNSON, JACOB K SR<br>437 NE FRALEIGH DRIVE<br>MADISON, FL 32340 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition<br>5/5/23 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>JOHNSON, JACQUELINE P<br>437 NE FRALEIGH DRIVE<br>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<br>900075273789<br>05/25/06--01024--010 **61.25 |
| 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:** Elizabeth J. Waring 5/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE