

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90514 031 \*\*\*150.00

**DOCUMENT # 301182**

1. Entity Name

JOHNSON FARMS, INC.



Principal Place of Business

505 S FLAGLER DR  
SUITE 1010  
W PALM BCH FL 33401  
US

Mailing Address

PO BOX 85  
W PALM BCH FL 33402  
US

04040499



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1214647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, RICHARD S  
505 S. FLAGLER DRIVE  
SUITE 1010  
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME JOHNSON, RICHARD S  
STREET ADDRESS 751 ISLAND DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ Delete  
NAME JOHNSON, SCOTT A  
STREET ADDRESS 505 S FLAGLER DRIVE, #1010  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ Delete  
NAME JOHNSON, RICHARD S JR  
STREET ADDRESS 1706 N LAKESIDE DRIVE  
CITY-ST-ZIP LAKE WORTH FL

TITLE DS ☐ Delete  
NAME JOHNSON, PATSY S  
STREET ADDRESS 751 ISLAND DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ Delete  
NAME SNED, PATRICIA J  
STREET ADDRESS 165 ELWA PLACE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ Delete  
NAME FLAGG, CATHARINE J  
STREET ADDRESS 249 LA PUERTO WAY  
CITY-ST-ZIP PALM BEACH FL 33480

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
NAME Austin, Helene S.  
STREET ADDRESS 100 Plymouth Rd.  
CITY-ST-ZIP West Palm Beach FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard S. Johnson

4/22/04

561/655-7200

Date

Daytime Phone #