

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 301182**

1. Entity Name  
**JOHNSON FARMS, INC.**



Principal Place of Business  
**505 S FLAGLER DR  
SUITE 1010  
WEST PALM BCH, FL 33401 US**

Mailing Address  
**PO BOX 85  
WEST PALM BCH, FL 33402 US**



02222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1214647</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	JOHNSON, RICHARD S
STREET ADDRESS	751 ISLAND DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	JOHNSON, SCOTT A
STREET ADDRESS	505 S FLAGLER DRIVE, #1010
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	JOHNSON, RICHARD S JR
STREET ADDRESS	1706 N LAKESIDE DRIVE
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	DS
NAME	JOHNSON, PATSY S
STREET ADDRESS	751 ISLAND DRIVE
CITY-ST-ZIP	PALM BEACH, FL
TITLE	D
NAME	SNED, PATRICIA J
STREET ADDRESS	165 ELWA PLACE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	FLAGG, CATHARINE J
STREET ADDRESS	249 LA PUERTO WAY
CITY-ST-ZIP	PALM BEACH, FL 33480

**DO NOT WRITE  
IN THIS SPACE**

100000242173  
02/24/05-80077-008 150.00

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

Date

Daytime Phone #