

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 301182

Entity Name: JOHNSON FARMS, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

505 S FLAGLER DR
SUITE 1010
W PLAM BCH, FL 33401 US

Current Mailing Address:

PO BOX 85
W PALM BCH, FL 33402 US

New Principal Place of Business:

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

New Mailing Address:

FEI Number: 59-1214647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, RICHARD S
505 S. FLAGLER DRIVE
SUITE 1010
WEST PALM BEACH, FL 33401 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: PD () Delete
Name: JOHNSON, RICHARD S,
Address: 751 ISLAND DRIVE
City-St-Zip: WEST PALM BEACH, FL

Title: D () Delete
Name: JOHNSON, SCOTT A,
Address: 505 S FLAGLER DRIVE, #1010
City-St-Zip: WEST PALM BEACH, FL

Title: D () Delete
Name: JOHNSON, RICHARD S J, R
Address: 1706 N LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL

Title: DS () Delete
Name: JOHNSON, PATSY S,
Address: 751 ISLAND DRIVE
City-St-Zip: PALM BEACH, FL

Title: D () Delete
Name: SNED, PATRICIA J,
Address: 165 ELWA PLACE
City-St-Zip: WEST PALM BEACH, FL

Title: D () Delete
Name: FLAGG, CATHARINE J,
Address: 249 LA PUERTO WAY
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: FLAGG, CATHARINE J,
Address: 249 LA PUERTA WAY
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RICHARD S JOHNSON

PD

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date