

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 426157

1. Entity Name

JOHNSON & JOHNSON LANDS, INC.



FILED
Jan 26, 2005 08:00 AM
Secretary of State

Principal Place of Business

2430 NW 73RD PLACE
GAINESVILLE FL 32606

Mailing Address

2430 NW 73RD PLACE
GAINESVILLE FL 32653-1299
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1462374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, W.G., JR.
2430 NW 73RD PLACE
GAINESVILLE FL 32653

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, 2005 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 PRES ☐ Delete
NAME W.G. JOHNSON, JR.
STREET ADDRESS 2430 N.W. 73RD PLACE (MALL)
CITY- ST- ZIP GAINESVILLE FL

TITLE VPRES ☐ Delete
NAME W. GLENN JOHNSON, III
STREET ADDRESS 2430 NW 73RD PLACE (MALL)
CITY- ST- ZIP GAINESVILLE FL

TITLE ST ☐ Delete
NAME DOROTHY N. JOHNSON
STREET ADDRESS 2430 NW 73RD PLACE (MALL)
CITY- ST- ZIP GAINESVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 01/27/05-80001-021 150.00
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
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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)(f), 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: *Dorothy N. Johnson* Dorothy N. Johnson, Secty-TREAS. 1-352-376-6219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2005

Daytime Phone #