

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90057 018 \*\*\*\*50.00

**DOCUMENT # L04000009482**

1. Entity Name

**DANNY JOHNSTON & SONS FARM, LLC**



Principal Place of Business

**7447 WEST STATE ROAD 100  
BUNNELL FL 32110**

Mailing Address

**7447 WEST STATE ROAD 100  
BUNNELL FL 32110**

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

**59-3096870**

Applied For

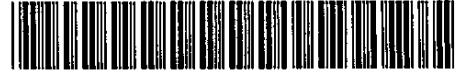
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/04)



6. Name and Address of Current Registered Agent

**JOHNSON, DANIEL C JR  
7447 WEST STATE ROAD 100  
BUNNELL FL 32110**

7. Name and Address of New Registered Agent

Name

**Johnston**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **JOHNSTON, DANIEL C JR.**  
STREET ADDRESS **7447 WEST STATE ROAD 100**  
CITY-ST-ZIP **BUNNELL FL 32110**

TITLE **MGRM** ☐ Delete  
NAME **JOHNSTON, JEFFREY S**  
STREET ADDRESS **156 LEHIGH ROAD**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **MGRM** ☐ Delete  
NAME **JOHNSTON, RAYMOND W**  
STREET ADDRESS **106 BLUEGE STREET**  
CITY-ST-ZIP **BUNNELL FL 32110**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**Raymond W Johnston**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

**3/7/05**

Daytime Phone #

**386 437 4244**