

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00577

FILED
Mar 21, 2009
Secretary of State

Entity Name: JOHNSON BROS. CORPORATION

Current Principal Place of Business:

5476 LITHIA-PINECREST ROAD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

JOHNSON BROS. CORPORATION
PO BOX 588
LITHIA, FL 33547

New Mailing Address:

FEI Number: 41-0827177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: COBD () Delete
Name: JOHNSON, WALTER D
Address: 56844 US HIGHWAY 12
City-St-Zip: LITCHFIELD, MN 55355

Title: PRSD () Delete
Name: KISHL, ERIC
Address: 5476 LITHIA-PINECREST RD
City-St-Zip: LITHIA, FL 33547

Title: TREA () Delete
Name: RUECKERT, BENITA
Address: 59809 CSAH 11
City-St-Zip: LITCHFIELD, MN 55355

Title: EVP () Delete
Name: QUEEN, RONALD T
Address: 2612 HOLLINGTON OAKES PLACE
City-St-Zip: BRANDON, FL 33511

Title: EVPD () Delete
Name: FOGT, DEREK
Address: 7500 MUNICIPAL DRIVE
City-St-Zip: ORLANOD, FL 32819

Title: VP () Delete
Name: KIRKMAN, JIMMY W
Address: 5476 LITHIA PINECREST ROAD
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COBD (X) Change () Addition
Name: JOHNSON, WALTER D
Address: 7500 MUNICIPAL DRIVE
City-St-Zip: ORLANDO, FL 32819

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

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

Title: EVP (X) Change () Addition
Name: QUEEN, RONALD T
Address: 5476 LITHIA PINECREST ROAD
City-St-Zip: LITHIA, FL 33547

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

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

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: RONALD T. QUEEN

EVP

03/21/2009

Electronic Signature of Signing Officer or Director

Date