


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90028 039 ***150.00

DOCUMENT # P01000090484	
1. Entity Name JOHNSON CROP INSURANCE, INC.	

Principal Place of Business 3755 MT PISGAH RD FT MEADE, FL 33841	Mailing Address 3755 MT PISGAH RD FT MEADE, FL 33841
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50009012



2. Principal Place of Business 3696 Bethel Church Rd Suite, Apt. #, etc.	3. Mailing Address 3696 Bethel Church Rd Suite, Apt. #, etc.
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01062005 Chg-P CR2E034 (10/03)

City & State Graceville, Florida	City & State Graceville, Florida
Zip 32440	Country USA

4. FEI Number NOT APPLICABLE XXXXXXXXXX54-2153984	Applied For Not Applicable
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6. Name and Address of Current Registered Agent WILSON, DONALD H JR 245 S CENTRAL AVE BARTOW, FL 33830	
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7. Name and Address of New Registered Agent Name Business Services and Solutions Street Address (P.O. Box Number is Not Acceptable) 7621 Poinsettia City Alturas FL Zip Code 33820	
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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:  SUSAN E Longhue 1/26/05
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, L T JR 3755 MT PISGAH RD FT MEADE, FL 33841 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Johnson, L T, JR. 3696 Bethel Church Rd. Graceville, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director-VP-Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Johnson, Mary L. 3696 Bethel Church Road Graceville, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  L.T. Johnson, Jr. 1/26/05 863-860-5284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #