

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000090484

Entity Name
JOHNSON CROP INSURANCE, INC.



Principal Place of Business
3696 BETHEL CHURCH RD
GRACEVILLE, FL 32440

Mailing Address
3696 BETHEL CHURCH RD
GRACEVILLE, FL 32440



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2153984	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS SERVICES AND SOLUTIONS
POINSETTIA
TURAS, FL 33820

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IN THIS SPACE**

I, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000396227
01/30/06-80001-004 150.00

OFFICERS AND DIRECTORS

DP
JOHNSON, L T JR
3696 BETHEL CHURCH RD
GRACEVILLE, FL 32440

DVPS
JOHNSON, MARY I
3696 BETHEL CHURCH RD
GRACEVILLE, FL 32440

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06 863-533-2191
Date Daytime Phone #