2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 8:00 am Secretary of State

				_ 5601	etary of Sta	aic
DOCUMENT # P0100090484 1. Entity Name JOHNSON CROP INSURANCE, INC.					2008 90027 021 ***150	
Principal Place	e of Business	Mailing Address		- i		
·	L CHURCH RD	3696 BETHEL CHURCH F	RN			
		GRACEVILLE, FL 32440				
					K BEST BELLI GGITA (GTIL BELLI BILGI 1811 STI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Api. #, etc.		01202008 Chg-F	P CR2E034 (12/06)	
City & State	e	City & State		4. FEI Number		oplied For
				54-2153984		ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status D	esired	
	6. Name and Address of Current	Registered Agent		7. Name and Address o		
t. Hand and read and of carrier register of register				- (- :	\< 0 -1	
	SERVICES AND SOLUTION	S		ress Sewer-	·	- *
7621 POIN			Street Address	s (P.O. Box Number is Not Ac	cepiable) S-H	
ALTURAS,	, FL 33020		R	4		
			City O	ilin	Zip Coo	10
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	utus	FL 338	<u> </u>
	named entity submits this statement friends of registered agent.	or the purpose of changing its r	egistered office or regist	tered agent, or both, in the Sta	ate of Florida. I am familiar with,	and accept
trie obligati	ions of registered agent.	. 4.			1/00/00	
SIGNATURE_	Signature, typed or print of arrel of registered agen	and title if applicant (NOYE	Registered Agent signature requi	red when reinstating)	1/29/08 DA*	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig OD Trust Fund Contril	·· — •	5.00 May Be dded to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR	S IN 11
THLE	DP	☐ Delete	ME		☐ Change	Addition
NAME	JOHNSON, LT JR		NAME			
STREET ADDRESS	3696 BETHEL CHURCH RD		STREET ADDRESS			
CHTY-\$1-ZiP	GRACEVILLE, FL 32440		CITY-ST-ZIP			
MILE !	DVPS	☐ Delete	TITLE		☐ Change	
NAME STREET ADDRESS	JOHNSON, MARY I					Addition
	3606 RETUEL CHURCH DO		NAME CIGHT ADDRESS			∐ Addition
CITY-ST-ZIP	3696 BETHEL CHURCH RD GRACEVILLE, FL. 32440		STREET ADDRESS			∐ Addition
CITY-ST-ZiP	3696 BETHEL CHURCH RD GRACEVILLE, FL 32440	□ Dalete	STREET ADDRESS CHTY-ST ZIP		☐ Change	
		☐ Delete	STREET ADDRESS		☐ Change	Addition
CITY-ST-ZIP		☐ Delete	STREET ADDRESS CITY-ST ZIP TITLE		☐ Change	
CHY-ST-ZIP TITLE NAME	ł	☐ Delete	STREET ADDRESS CITY-ST ZIP TITLE NAME		Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ł	☐ Delete	STREET ADDRESS CITY-ST ZIP THEE NAME STREET ADDRESS		☐ Change	
CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	ł		STREET ADDRESS CITY-ST ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Addilion
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ł		STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Addilion
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ł	☐ Delate	STREET ADDRESS CITY-ST ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ł		STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Addilion
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ł	☐ Delate	STREET ADDRESS CITY-ST-ZIP THEE NAME		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ł	☐ Delate	STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP CITY-ST-ZIP	ł	□ Delate □ Delate	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ł	☐ Delate	STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP THEE		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP CITY-ST-ZIP	ł	□ Delate □ Delate	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME	ł	□ Delate □ Delate	STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY ST-ZIP TITLE NAME		☐ Change	Addition

i.e. in energy certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICE NOR

ate

Daylime Phone #