

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000090484

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** JOHNSON CROP INSURANCE, INC.

**Current Principal Place of Business:**

3696 BETHEL CHURCH RD  
GRACEVILLE, FL 32440

**New Principal Place of Business:**

**Current Mailing Address:**

3696 BETHEL CHURCH RD  
GRACEVILLE, FL 32440

**New Mailing Address:**

**FEI Number:** 54-2153984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS SERVICES AND SOLUTIONS  
1450 E SUMMERLIN ST  
BARTOW, FL 33830 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: JOHNSON, L T JR  
Address: 3696 BETHEL CHURCH RD  
City-St-Zip: GRACEVILLE, FL 32440

Title: DVPS  
Name: JOHNSON, MARY I  
Address: 3696 BETHEL CHURCH RD  
City-St-Zip: GRACEVILLE, FL 32440

I hereby 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 all other like empowered.

SIGNATURE: L T JOHNSON

PRES

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date