

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000110826

1. Entity Name  
JOHNSON GROVE & CATTLE, INC.



Principal Place of Business  
1326 SW CR 661  
ARCADIA, FL 34266

Mailing Address  
1326 SW CR 661  
ARCADIA, FL 34266



02052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0969244

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON, JERALD L  
1326 SW CR 661  
ARCADIA, FL 34266

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
☐ Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

000000822444  
02/19/08-80066-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	JOHNSON, JERALD L
STREET ADDRESS	1326 SW CR 661
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	DS
NAME	HANKINSON, WENDY
STREET ADDRESS	1326 SW CR 661
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	DVT
NAME	JOHNSON, MARLENE D
STREET ADDRESS	1326 SW CR 661
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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:

*Jerald L. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerald L. Johnson

Date

2-6-08 8639900958

Daytime Phone #