

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90301 032 \*\*\*\*61.25



DOCUMENT # N99000003186  
 1. Entity Name  
 JOYFUL RELEASE, INC.

Principal Place of Business Mailing Address  
 5505 N OCEAN BLVD. 5505 N OCEAN BLVD.  
 #2-202 #2-202  
 BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435

2. Principal Place of Business 3. Mailing Address  
 856 SUNNY SOUTH AV. 856 SUNNY SOUTH AV.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Boynton Beach FL. Boynton Beach FL.  
 Zip Country Zip Country  
 33436 PALM BEACH 33436 PALM BEACH

1st MOORE CR2E037 (10/04)

4. FEI Number 65-0981947 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 GRAHAM, JAMES W  
 5505 N OCEAN BLVD  
 #2-202  
 BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent  
 Name ← SAME / NEW ADDRESS  
 Street Address (P.O. Box Number is Not Acceptable)  
 856 SUNNY SOUTH AVE.  
 City Boynton Beach FL Zip Code 33436

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

**FILE NOW: FEE IS \$61.25 Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P GRAHAM, JAMES W 5505 N OCEAN BLVD #2-202 BOYNTON BEACH FL 33435	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	STD GRAHAM, LUCY G 5505 N OCEAN BLVD #2-202 BOYNTON BEACH FL 33435	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GIDDENS, TORY S 218 S W 7TH AVENUE BOYNTON BEACH FL 33435	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D VICK, JAMES H 7070 PERKE DRIVE JACKSONVILLE FL 32210	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D RICHARDSON, DR. MARK 3440 N.E. 11 TERR. POMPANO BEACH FL 33064	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GOMEZ, GRANT 530 DAVIS ST. LABELLE FL 33935	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 617, 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: JAMES W. GRAHAM APRIL 14 - 2005 561-732-7777  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #