

2005 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P01000063333

1. Entity Name
JOY WAY INC.



FILED

05 SEP -9 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1155 STATE ROAD 17
BARTOW, FL 33830

Mailing Address
1155 STATE ROAD 17
BARTOW, FL 33830

1155 STATE ROAD 17 (HIGHWAY 17)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

BARTOW, FLORIDA

Suite, Apt. #, etc.

City & State

09092005

Chg-P

CR2E034 (10/03)

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORNER, ROSE
1155 STATE ROAD 17
BARTOW, FL 33830

CHANGE

7. Name and Address of New Registered Agent

Name

RICHARD WEIGLE

Street Address (P.O. Box Number is Not Acceptable)

1155 STATE ROAD 17 (HIGHWAY 17)

City

BARTOW

FL

Zip Code

33830

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)

9/9/2005

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME HORNER, ROSE
STREET ADDRESS 1155 STATE ROAD 17
CITY-ST-ZIP BARTOW, FL 33830 ☒ Delete

TITLE D
NAME HORNER, ADI
STREET ADDRESS 1155 STATE ROAD 17
CITY-ST-ZIP BARTOW, FL 33830 ☒ Delete

TITLE T
NAME HORNER, FRANKLIN
STREET ADDRESS 1155 STATE ROAD 17
CITY-ST-ZIP BARTOW, FL 33830 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D HORNER ROSE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Sofia Medero ☒ Change ☐ Addition
NAME
STREET ADDRESS 1155 STATE ROAD 17
CITY-ST-ZIP BARTOW, FL 33830

TITLE D WEIGLE, Richard ☒ Change ☐ Addition
NAME
STREET ADDRESS 1155 STATE ROAD 17
CITY-ST-ZIP BARTOW, FL 33830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

Richard Weigle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/2005

Date

Daytime Phone #

K. Eckel SEP - 9 2005