

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082778

FILED
Mar 19, 2009
Secretary of State

Entity Name: JOE'S FAMILY RESTAURANT, INC.

Current Principal Place of Business:

911 W MAIN STREET
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

911 W MAIN STREET
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 20-3042606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOZEVSKI, JOANNA
911 W MAIN STREET
INVERNESS, FL 34450 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOZEVSKI, JOSIF
Address: 911 W MAIN STREET
City-St-Zip: INVERNESS, FL 34450

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: KOZEVSKI, JOSIF
Address: 911 W MAIN STREET
City-St-Zip: INVERNESS, FL 34450

Title: VP/T () Change (X) Addition
Name: KOZEVSKI, JOANNA
Address: 911 W. MAIN STREET
City-St-Zip: INVERNESS, FL 34450

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSIF KOZEVSKI

PRES

03/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date