

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000063164

1. Entity Name
 JOINT WORKS, INC.



Principal Place of Business
 2031 HAWTHORNE
 SARASOTA, FL 34239 US

Mailing Address
 2031 HAWTHORNE ST
 SARASOTA, FL 34239

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0447370 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BETTERTON, GREG A
 809 S TAMiami TRAIL
 SUITE 130
 NOKOMIS, FL 34275

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 retitling)

DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENNER, CONRAD
STREET ADDRESS	2300 SPRING MILL CIRCLE - 7458 Cabbage
CITY-ST-ZIP	SARASOTA, FL 34239 Palm Court SARASOTA 34239
TITLE	D.
NAME	CRAIG BRIMM, CRAIG
STREET ADDRESS	1646 S. Orange Ave
CITY-ST-ZIP	SARASOTA, FL, 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000323802
 04/22/05-80070-006 150.00

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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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Conrad Penner

4/19/05

941-412-0823