

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000090241

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: JOY ENTERPRISES INC.

## Current Principal Place of Business:

205 SO. HOOVER STREET  
SUITE 400  
TAMPA, FL 33609 US

## New Principal Place of Business:

## Current Mailing Address:

205 SO. HOOVER STREET  
SUITE 400  
TAMPA, FL 33609 US

## New Mailing Address:

FEI Number: 59-3284294      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, J. STYLES ESQ.  
205 S. HOOVER ST., #400  
TAMPA, FL 33609 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: PTD ( ) Delete  
Name: HUGHEY, L.M.  
Address: 205 S. HOOVER STREET, SUITE 400  
City-St-Zip: TAMPA, FL

Title: SD ( ) Delete  
Name: CARTER, SHIRLEY  
Address: 205 S. HOOVER STREET, SUITE 400  
City-St-Zip: TAMPA, FL

Title: T ( ) Delete  
Name: THATCHER, CAROLYN  
Address: 205 S HOOVER ST #400  
City-St-Zip: TAMPA, FL

Title: VD ( ) Delete  
Name: FARMER, JD  
Address: 205 S HOOVER ST #400  
City-St-Zip: TAMPA, FL

Title: VD ( ) Delete  
Name: THATCHER, CAROLYN  
Address: 205 S HOOVER ST, SUITE 400  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: HUGHEY, EVELYN  
Address: 205 S. HOOVER BLVD., #400  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES D FARMER

VP

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date