

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000052909

Entity Name: JOSEPH REALTY, INC.**Current Principal Place of Business:**1735 MOCKINGBIRD LANE
LAKELAND, FL 33801**Current Mailing Address:**1735 MOCKINGBIRD LANE
LAKELAND, FL 33801**FEI Number:** 59-3750730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOSEPH, JOSE K
2025 EMERALD RIDGE DRIVE
LAKELAND, FL 33813 US*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**Officer/Director Detail :**

| | |
|-----------------|--------------------------|
| Title | P |
| Name | JOSEPH, JOE |
| Address | 2025 EMERALD RIDGE DRIVE |
| City-State-Zip: | LAKELAND FL 33813 |

| | |
|-----------------|------------------------|
| Title | D |
| Name | JOSEPH, CRYSTAL S |
| Address | 2025 EMERALD RIDGE DR. |
| City-State-Zip: | LAKELAND FL 33813 |

| | |
|-----------------|--------------------------|
| Title | C |
| Name | JOSEPH, DIMBLE C. |
| Address | 2025 EMERALD RIDGE DRIVE |
| City-State-Zip: | LAKELAND FL 33813 |

| | |
|-----------------|--------------------------|
| Title | S |
| Name | JOSEPH, SAJI |
| Address | 2025 EMERALD RIDGE DRIVE |
| City-State-Zip: | LAKELAND FL 33813 |

| | |
|-----------------|------------------------|
| Title | MS. |
| Name | JOSEPH, PRIYA N. |
| Address | 2025 EMERALD RIDGE DR. |
| City-State-Zip: | LAKELAND FL 33813 |

I hereby 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 all other like empowered.

SIGNATURE: JOE JOSEPH**PRESIDENT****04/07/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date