



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90049 012 ***150.00

DOCUMENT # 235447 1. Entity Name JOALCO, INC.					
Principal Place of Business KATHRYN PAULK 3043 NINA COURT MERRITT ISLAND, FL 32953 US			Mailing Address KATHRYN C PAULK 829 INDIAN RIVER DRIVE COCOA FLA, 32922 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01082007 Chg-P CR2E034 (12/06)	
4. FEI Number NOT APPLICABLE				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PAULK, KATHRYN C 3043 NINA COURT MERRITT ISLAND, FL 32953	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD PAULK, KATHRYN C. 3043 NINA COURT MERRITT ISLAND, FL 32953		TITLE NAME STREET ADDRESS CITY-ST-ZIP SD HATHCOCK, DELYS C. 450 JILLOTUS ST. MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY-ST-ZIP D HATHCOCK, MICHAEL M 450 JILLOTUS STREET MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D FADELY, MARK J 829 INDIAN RIVER DRIVE COCOA, FL 32922		TITLE NAME STREET ADDRESS CITY-ST-ZIP D FADELY, MARK J 829 INDIAN RIVER DRIVE COCOA, FL 32922		TITLE NAME STREET ADDRESS CITY-ST-ZIP D FADELY, MARK J 829 INDIAN RIVER DRIVE COCOA, FL 32922	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Kathryn C Paulk</i></u> <u>1-6-06</u> <u>NONE</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					