

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90026 034 ***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

DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAULK, KATHRYN C
3043 NINA COURT
MERRITT ISLAND, FL 32953

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PAULK, KATHRYN C.
STREET ADDRESS 3043 NINA COURT
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE SD
NAME HATHCOCK, DELYS C.
STREET ADDRESS 450 JILLOTUS ST.
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE D
NAME HATHCOCK, MICHAEL M
STREET ADDRESS 450 JILLOTUS STREET
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE D
NAME FADELY, MARK J
STREET ADDRESS 829 INDIAN RIVER DRIVE
CITY-ST-ZIP COCOA, FL 32922

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-08

Date

Daytime Phone #