2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 03, 2005 8:00 am Secretary of State **DOCUMENT # 317937** 1. Entity Name 05-03-2005 90096 009 \*\*\*150.00 GLENN JOINER & SON, INC. Principal Place of Business Mailing Address 13202 W COLONIAL DR PO BOX 770038 P.O. BOX 770038 WINTER GARDEN FL 34777-0038 P.O. BOX 770038 WINTER GARDEN FL 34787 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1168048 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOINER, GLENN O Street Address (P.O. Box Number is Not Acceptable) 13202 W COLONIAL DR WINTER GARDEN FL 34787 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, typed or payled name of registered agent and title if applicable (NQTE\_Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 TITLE PT Delete TITLE Change Addition JOINER, GLENN O. NAME NAME 13202 W COLONIAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME JOINER, GEORGE W. JR NAME STREET ADDRESS 13202 W COLONIAL DR STREET ADDRESS CITY - ST - ZIP WINTER GARDEN FL CITY-ST-ZIP HHE ☐ Delete TITLE Change ☐ Addition JOINER, BARBARA V. Gold, Barbara Joiner STREET ADDRESS STREET ADDRESS 13202 W. Colonial Dr 13202 W COLONIAL DR CITY-ST-ZIP WINTER GARDEN FL CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Maddition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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.

FILED

407 - 656-4141 Daylene Phone #