## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 30, 2008 08:00 AN Secretary of State **DOCUMENT # 317937** 1. Entity Name GLENN JOINER & SON, INC. Principal Place of Business Mailing Address 13202 W COLONIAL DR PO BOX 770038 P.O. BOX 770038 WINTER GARDEN FL 34787 P.O. BOX 770038 WINTER GARDEN FL 34777-0038 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-1168048 Not Applicable Ζıp Country 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 City 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 Signature, typod or printed name of registered apent and title if applicable (NOTE Registered Agen) signature required when reinstabling? DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1: 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ■ Addition JOINER, GLENN O. NAME NAME U00000933599 05/22/08-80103-808 150.00 STREET ADDRESS 13202 W COLONIAL DR STREET ADDRESS CITY - ST- ZIP WINTER GARDEN FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition JOINER, GEORGE W. JR NAME STREET ADDRESS 13202 W COLONIAL DR STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME GOLD, BARBARA J NAME STREET ADDRESS 13202 W COLONIAL DR STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statures. 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.

Day: no Prore #

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR