2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # 424246 1. Entity Name JOYCE E. MEAD ENTERPRISES, INC.						05-01-200	06 904 22 0)47 ***15	50.00	
Principal Place of Business Mailing Address				···	4	יטיוטטן	~~			
1185E. SOUTH PARK AVE. TITUSVILLE, FL 32780 US		1185E. SOUTH PARK AVE. TITUSVILLE, FL 32780 US			•					
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State			4. FEI Number 59-1500				oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		\$8.75 Add		
	6. Name and Address of Current	Registered Agent		1	7. Name and A	ddress of New				
MEAD IO	WOE E		Name							
MEAD, JOYCE E. 1185E SOUTH PARK AVE. TITUSVILLE, FL 32780			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
	e de la companya de l		City	•			FL	Zip Cod	e	
	named entity submits this statement for tions of registered agent.	r the purpose of changing its r	egistered office or	registere	ed agent, or both	, in the State of F	lorida. I am t	familiar with,	and accept	
SIGNATURE_										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	re required t	when reinstating)		DATE			
FIL	Signature, typed by printed name of registered agent E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig	gn Financing		when reinstating) 00 May Be and to Fees		DATE			
FIL	Signature, typed by printed name of registered agent E NOWIII FEE IS \$150.00	9. Election Campaig Trust Fund Contri	gn Financing		00 May Be ed to Fees	HANGES TO OF		DIRECTOR:	S IN 11	
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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.

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321-267-2583 Daytime Phone #