

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 586688 1. Entity Name GARY L. JOYNER, D.D.S., P.A.	
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Principal Place of Business 2025 E FLAMINGO DRIVE BARTOW, FL 33830	Mailing Address 2025 E FLAMINGO DRIVE BARTOW, FL 33830
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DO NOT WRITE IN THIS SPACE



02282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1854388	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOYNER, GARY L. 2025 E. FLAMINGO DRIVE BARTOW, FL	DO NOT WRITE IN THIS SPACE
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000084091 03/10/04-80086-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOYNER, GARY L. 2275 W HELEN CIRCLE BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOUNT, WALKER E., JR. 1105 BOUGAINVILLEA WAY, EAST BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYNER, JENNIFER B. 2275 W HELEN CIRCLE BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: GARY L. JOYNER **DATE:** 3/5/04 **DAYTIME PHONE #:** 863/553-7582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR