

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 586688

1. Entity Name  
GARY L. JOYNER, D.D.S., P.A.



Principal Place of Business

2025 E FLAMINGO DRIVE  
BARTOW, FL 33830

Mailing Address

2025 E FLAMINGO DRIVE  
BARTOW, FL 33830

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FSI 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**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000268754  
03/18/05-80058-004 150.00

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	

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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)(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.

SIGNATURE: *GARY L. JOYNER* GARY L. JOYNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 2/16/05 803-533-0389  
Date Day/Time Phone #