

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 629182

1. Entity Name
JOSEPH RING CO., INC.



FILED
Jan 14, 2005 08:00 AM
Secretary of State

Principal Place of Business
6001 NORTH OCEAN DRIVE, APT 1701
HOLLYWOOD, FL 33019 US

Mailing Address
15057 BUTTERCHURN LANE
SILVER SPRING, MD 20905 US



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-5268562

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, ALLEN T.
6001 NORTH OCEAN DRIVE, APT 1701
HOLLYWOOD, FL 33019

**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

1100000181180
01/14/05-80039-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JOSEPH, DAVID H 1525 LEXINGTON DRIVE DRESHER, PA 190256102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD JOSEPH, ALLEN T 6001 NORTH OCEAN DRIVE, APT 1701 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JOSEPH, ANDREW M 2421 EPSTEIN COURT BROOKEVILLE, MD 20833
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

1/9/05

202-331-1955