

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 26, 2004 10:00 AM  
Secretary of State  
*Donna May*

DOCUMENT # F03000000495

1. Entity Name  
JOSHUA MANAGEMENT CORP.



Principal Place of Business  
30435 HIGHWAY 281 NORTH  
BULVERDE, TX 78163

Mailing Address  
30435 HIGHWAY 281 NORTH  
BULVERDE, TX 78163

**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number  
74-2805927

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 replacing)

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
DPT  
MAY, DONNA  
STREET ADDRESS  
30435 HIGHWAY 281 NORTH  
CITY-ST-ZIP  
BULVERDE, TX 78163

TITLE  
NAME  
VPS  
PARHAM, MARY A  
STREET ADDRESS  
30435 HIGHWAY 281 NORTH  
CITY-ST-ZIP  
BULVERDE, TX 78163

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Donna May*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04

Date

210 477-1222

Daytime Phone #