


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

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| DOCUMENT # F25192 |  |
| 1. Entity Name J.O.A.T., INC. | |

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| Principal Place of Business 98-A INDUSTRIAL LOOP ORANGE PARK, FL 32073 US | Mailing Address 3346 BYRON ROAD GREENCOVE SPRINGS, FL 32043-6404 |
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01082005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2076584 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent BORDEN, BENJAMIN F, III 3346 BYRON ROAD GREENCOVE SPRINGS, FL 32043 | |
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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C BORDEN, BENJAMIN F III 3346 BYRON ROAD GREENCOVE SPRINGS, FL |
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01/13/05-80019-023 150.00

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: BENJAMIN F BORDEN III 1-11-05 904 269 7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #