

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # F95157

1. Entity Name
JOE'S UNLIMITED, INC.



Principal Place of Business

**11904 S W 59TH STREET
COOPER CITY, FL 33330**

Mailing Address

**11904 S W 59TH STREET
COOPER CITY, FL 33330**



01282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2211919

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOE, JIMMIE EDWARD
11904 SW 59TH STREET
COOPER CITY, FL 33330**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UD00000674881
03/29/07-80088-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOE, JIMMIE EDWARD
STREET ADDRESS	3622 SUMMIT OAKS DRIVE
CITY-ST-ZIP	ROSWELL, GA 30075
TITLE	DV
NAME	JOE, TOMMIE EDWARD
STREET ADDRESS	3315 BACCARAT STREET
CITY-ST-ZIP	THOUSAND OAKS, CA
TITLE	DV
NAME	COOPER, LILLIAN JOE
STREET ADDRESS	300 N.E. WARRINGTON CT.
CITY-ST-ZIP	LEE'S SUMMIT, MO
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 exemptions contained in Chapter 119, 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:

Jimmie Edward Joe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2007
Date

(954) 434-3457
Daytime Phone #