



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90183 008 ***150.00

DOCUMENT # F96000004651					
1. Entity Name JOY-MARK, INC.					
Principal Place of Business 2121 E. NORSE AVE. CUDAHY, WI 53110			Mailing Address 2121 E. NORSE AVE. CUDAHY, WI 53110		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 39-1287057	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOVEJOY, J S 27153 OAKWOOD LAKE DR., #H102 BONITA SPRINGS, FL 34134			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE ST NAME LOVEJOY, BRENT STREET ADDRESS 2401 INGLESIDE AVE. CITY-ST-ZIP CINCINNATI, OH 452064402	<input type="checkbox"/> Delete		TITLE P/D NAME Lovejoy, Brent STREET ADDRESS 2918 Observatory Avenue #3 CITY-ST-ZIP Cincinnati, OH 45208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DC NAME LOVEJOY, J S STREET ADDRESS 27153 OAKWOOD LAKE DR., #H102 CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE D NAME Lovejoy, Spencer, J. STREET ADDRESS 27153 Oakwood Lake Drive, #H102 CITY-ST-ZIP Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE V NAME Lovejoy, Eric STREET ADDRESS 1306 Herlin Place CITY-ST-ZIP Cincinnati, OH 45208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE S/T NAME Lipnik, Jill & Mike STREET ADDRESS 5241 N. Delaware Street CITY-ST-ZIP Indianapolis, IN 46220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4/27/06 414-769-8155		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		