

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 10, 2007 08:00 A.  
Secretary of State

DOCUMENT # F96000004651

1. Entity Name  
JOY-MARK, INC.



Principal Place of Business

2121 E. NORSE AVE.  
CUDAH, WI 53110

Mailing Address

2121 E. NORSE AVE.  
CUDAH, WI 53110



01192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

39-1287057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LOVEJOY, J S  
27153 OAKWOOD LAKE DR., #H102  
BONITA SPRINGS, FL 34134

**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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LOVEJOY, BRENT
STREET ADDRESS	2918 OBSERVATORY AVE #3
CITY-ST-ZIP	CINCINNATI, OH 45208
TITLE	D
NAME	LOVEJOY, SPENCER J
STREET ADDRESS	27153 OAKWOOD LAKE DRIVE #H102
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	V
NAME	LOVEJOY, ERIC
STREET ADDRESS	1306 HERLIN PLACE
CITY-ST-ZIP	CINCINNATI, OH 45208
TITLE	ST
NAME	LIPNIK, JILL & MIKE
STREET ADDRESS	5241 N. DELAWARE STREET
CITY-ST-ZIP	INDIANAPOLIS, IN 46220
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/07-80023-002 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #