


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90017 038 ***150.00

DOCUMENT # G89630	
1. Entity Name THE JOYNER COMPANY	

Principal Place of Business 220 W GARDEN ST, STE 900 PENSACOLA, FL 32501-8792	Mailing Address PO BOX 12784 PENSACOLA, FL 37575 US 2014 ESCAMBA AVE. PENSACOLA, FL 32503
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DO NOT WRITE IN THIS SPACE

01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2422211	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WESTMORELAND, J. LOFTON 220 WEST GARDEN STREET SUITE #900 PENSACOLA, FL 32501

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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: <i>J. Lofton Westmoreland</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: <i>2/27/04</i>

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WESTMORELAND, J. LOFTON 220 WEST GARDEN STREET PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST YOUNGBLOOD, SARA J. P O BOX 123 JAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WESTMORELAND, EVELYN J. P O BOX 123 JAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHEFFIELD, EULENE J. 123 SHEFFIELD DRIVE MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>J. Lofton Westmoreland</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <i>2/27/04</i> <small>Date</small>	DAYTIME PHONE: <i>(850) 434-3544</i> <small>Daytime Phone #</small>
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