



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90073 037 ***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 201 A ESCAMBA AVE PENSACOLA, FL 32503 US	
2. Principal Place of Business 2014 Escambia Avenue		3. Mailing Address 2014 Escambia Avenue		<div style="font-size: 1.2em; font-weight: bold;">20013819</div> 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01112005 Chg-P CR2E034 (10/03)	
City & State Pensacola, FL 32503		City & State Pensacola, FL 32503		4. FEI Number 59-2422211	
Zip 32503		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32503		Country USA		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				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	DP WESTMORELAND, J. LOFTON 220 WEST GARDEN STREET PENSACOLA, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST YOUNGBLOOD, SARA J. P O BOX 123 JAY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WESTMORELAND, EVELYN J. P O BOX 123 JAY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHEFFIELD, EULENE J. 123 SHEFFIELD DRIVE MILTON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Harris, Diana C. 2014 Escambia Avenue Pensacola, FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Harris, Diana C. 2014 Escambia Avenue Pensacola, FL 32503	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u>Evelyn J. Westmoreland</u> 2/14/05 850/675-4123 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					