

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05202

Entity Name: JOE LYN, INC.

FILED  
Mar 31, 2009  
Secretary of State

## Current Principal Place of Business:

% JOSEPH MILLS  
614 LAKEWOOD ROAD  
PENSACOLA, FL 32507

## Current Mailing Address:

% JOSEPH MILLS  
614 LAKEWOOD ROAD  
PENSACOLA, FL 32507

## New Principal Place of Business:

% JOSEPH MILLS  
614 LAKEWOOD ROAD  
PENSACOLA, FL 32507 US

## New Mailing Address:

% JOSEPH MILLS  
614 LAKEWOOD ROAD  
PENSACOLA, FL 32507 US

FEI Number: 59-2418587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLS, JOSEPH  
614 LAKEWOOD ROAD  
PENSACOLA, FL 32507 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MILLS, JOSEPH  
Address: 614 LAKEWOOD ROAD  
City-St-Zip: PENSACOLA, FL

Title: DST ( ) Delete  
Name: MILLS, MARILYN P.  
Address: 614 LAKEWOOD ROAD  
City-St-Zip: PENSACOLA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MILLS, JOSEPH  
Address: 614 LAKEWOOD ROAD  
City-St-Zip: PENSACOLA, FL 32507 US

Title: DST (X) Change ( ) Addition  
Name: MILLS, MARILYN P.  
Address: 614 LAKEWOOD ROAD  
City-St-Zip: PENSACOLA, FL 32507 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN MILLS

DST

03/31/2009

Electronic Signature of Signing Officer or Director

Date