

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90493 018 \*\*\*158.75

**DOCUMENT # H07356**

1. Entity Name  
**JOYNER'S MASONRY & CONCRETE WORK, INC.**



Principal Place of Business  
**2395 N. JOYNER TERR.  
P O BOX 98  
CRYSTAL RIVER, FL 34423-0098 US**

Mailing Address  
**ST. RD. 44 E AND JOYNER TERRACE  
P O BOX 98  
CRYSTAL RIVER, FL 34423-0098 US**



04192004 No Chg-P CR2E034 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br><b>59-2418430</b>   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

**DO NOT WRITE IN THIS SPACE**

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

**JOYNER, SAMUEL  
STATE ROAD 44 EAST AND 14TH AVE.  
P. O. BOX 98  
CRYSTAL RIVER, FL 34429**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **JOYNER, SAMUEL**  
STREET ADDRESS **ST RD 44E & JOYNER TERR.**  
CITY-ST-ZIP **CRYSTAL RIVER, FL**

TITLE **S**  
NAME **JOYNER, ETHERL L.**  
STREET ADDRESS **ST RD 44E & JOYNER TERR.**  
CITY-ST-ZIP **CRYSTAL RIVER, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Ethel L. Joyner* **Ethel L. Joyner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-26-2004*

Date

**352-795-2690**

Daytime Phone #