

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90226 050 \*\*\*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

50016575



04192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2418430

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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CITY - ST - ZIP

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 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:**

*Ethel L. Joyner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-06 (352) 795-2690  
Date Daytime Phone #