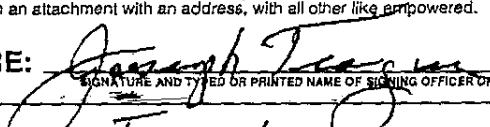


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # H32516 1. Entity Name JOSEPH TEAGUE, INC.			
Principal Place of Business 25751 OKEECHOBEE ROAD FORT PIERCE, FL 34945		Mailing Address 25751 OKEECHOBEE ROAD FORT PIERCE, FL 34945	
DO NOT WRITE IN THIS SPACE			
		04142005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2505208	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BRENNAN, JOHN T. 519 S. INDIAN RIVER DR. FT. PIERCE, FL 33450		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000335863 04/27/05-80103-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEAGUE, JOSEPH W 25751 OKEECHOBEE ROAD FORT PIERCE, FL 34945		
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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:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-25-05 772-530-5593 _____ Date Daytime Phone #	