2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 31, 2004 8:00 am Secretary of State DOCUMENT # J74962 1. Entity Name 03-31-2004 90018 009 ***150.00 JOYCO, INC. Principal Place of Business Mailing Address 6715 S.W. 35TH WAY GAINESVILLE FL 32608 6715 S.W. 35TH WAY GAINESVILLE FL 32608 44022942 2. Principal Place of Business 3. Mailing Address 2100 W. BEACH 2100 W BEACH DR. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2854957 ANA MA PANAMA CIT Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32401 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LONDONO, J.H. Street Address (P.O. Box Number is Not Acceptable) 6715 S.W. 35TH WAY **GAINESVILLE FL 32608** 2100 W. BEACH 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition TITLE ☐ Delete NAME LONDONO, J.H. NAMÉ 6715 S.W. 35TH WAY STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32608 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 reports 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 entropy 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.

FILED

3/25/04 850-7848191