


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90064 044 ***150.00

DOCUMENT # L02753	
1. Entity Name JOYNER LAND COMPANY	

Principal Place of Business % J LOFTON WESTMORELAND 900 SUNTRUST TOWER PENSACOLA, FL 32501 US	Mailing Address 20101 ESCAMBIA AVE. PENSACOLA, FL 32503 US
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50014657



2. Principal Place of Business 2014 Escambia Avenue	3. Mailing Address 2014 Escambia Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01112005 Chg-P CR2E034 (10/03)

City & State Pensacola, FL	City & State Pensacola, FL 32503
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4. FEI Number 59-2985617	Applied For <input type="checkbox"/> Not Applicable
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Zip 32503	Country USA	Zip 32503	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WESTMORELAND, J LOFTON 220 W GARDEN ST PENSACOLA, FL 32501	
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7. Name and Address of New Registered Agent	
Name Diana C. Harris	
Street Address (P.O. Box Number is Not Acceptable) 2014 Escambia Avenue	
City Pensacola	FL Zip Code 32503

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 *Diana Craig Harris* DATE *2/10/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WESTMORELAND, J LOFTON 220 W GARDEN ST PENSACOLA, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WESTMORELAND, DALE PINE ST JAY, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGBLOOD, LANCE S HWY 4E JAY, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGBLOOD, CLARK J HWY 4E JAY, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Harris, Diana C. 2014 Escambia Avenue Pensacola, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Diana Harris* Date *2/10/05* Daytime Phone # *850-434-9992*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR