2007 FOR PROFIT CORPORT

FILED Jul 24, 2007 08:00 AM Secretary of State

DOCUMENT # L02753

1. Entity Name JOYNER LAND COMPANY



Principal Place of Business

Mailing Address

2014 ESCAMBIA AVENUE PENSACOLA, FL 32503

2014 ESCAMBIA AVENUE PENSACOLA, FL 32503



07182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2985617

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE.

HARRIS, DIANA C 2014 ESCAMBIA AVENUE

DO NOT WRITE

PENSACOLA, FL 32503			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the ions of registered agent	e purpose of changing its registered off	ice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature typed or printed name of registered agent and to	tte if applicable (NOTE Registered Agen	t signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR DP HARRIS, DIANE C 2014 ESCAMBIA AVE PENSACOLA, FL 32503	ECTORS	, 1		U00000770163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WESTMORELAND, DALE PINE ST JAY, FL		,		07/24/07-80005-001 150.00
NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGBLOOD, LANCE S HWY 4E JAY, FL		٠	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGBLOOD, CLARK J HWY 4E JAY, FL		•	IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	07/19/1905/002 550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Sec. N	.;U00000770163 07/24/07-80005-002 400:00

12. Thereby 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 eath; 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: