

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M68148

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** JOSEPH J. JOSEPH, JR, C.P.A., P.A.

## Current Principal Place of Business:

2194 HWY A1A  
207  
INDIAN HARBOUR BEACH, FL 329374931 US

## Current Mailing Address:

2194 HWY A1A  
207  
INDIAN HARBOUR BEACH, FL 329374931 US

## New Principal Place of Business:

2040 HWY A1A  
205  
INDIAN HARBOUR BEACH, FL 329373566 US

## New Mailing Address:

2040 HWY A1A  
205  
INDIAN HARBOUR BEACH, FL 329373566 US

**FEI Number:** 59-2874092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

JOSEPH, JOSEPH J PRES  
2194 HWY A1A  
207  
INDIAN HARBOUR BEACH, FL 32937 US

## Name and Address of New Registered Agent:

JOSEPH, JOSEPH J PRES  
2040 HWY A1A  
205  
INDIAN HARBOUR BEACH, FL 32937 US

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.

SIGNATURE:

01/05/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DPT  
Name: JOSEPH, JR, JOSEPH J DPT  
Address: 240 LEE AVE.  
City-St-Zip: SATELLITE BEACH, FL 329372906 US

Title: DV  
Name: JOSEPH, MARY JUNE DV  
Address: 240 LEE AVE.  
City-St-Zip: SATELLITE BEACH, FL 329372906 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY JUNE JOSEPH

DV

01/05/2011

Electronic Signature of Signing Officer or Director

Date