## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000003368

Entity Name: JOSEPH'S STOREHOUSE, INC.

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11212 ST. ANDREWS COURT 1201 LITHA RD. RIVERVIEW, FL 33569 BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

P.O. BOX 89485 TAMPA, FL 33689

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANGSTON, F. LAWRENCE DR.

11212 ST. ANDREWS COURT
RIVERVIEW, FL 33569 US

LANGSTON, LAWRENCE DR.
P.O. BOX 89485
TAMPA, FL 33689 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: DR. LAWRENCE LANGSTON 04/20/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PCEO ( ) Delete
 Title:
 PCEO ( X) Change ( ) Addition

 Name:
 LANGSTON, F. LAWRENCE DR
 Name:
 LANGSTON, LAWRENCE DR

 Address:
 11212 ST. ANDREWS COURT
 Address:
 11212 ST. ANDREWS COURT

 City-St-Zip:
 RIVERVIEW, FL 33569
 RIVERVIEW, FL 33569

Title: Title: (X) Change ( ) Addition ( ) Delete LANGSTON, F. LAWRENCE DR Name: LANGSTON, LAWRENCE DR Name: Address: 11212 ST. ANDREWS COURT Address: 11212 ST. ANDREWS COURT City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569

Title: SVD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LANGSTON, LANA DR
 Name:

 Address:
 11212 ST. ANDREWS COURT
 Address:

 City-St-Zip:
 RIVERVIEW, FL 33569
 City-St-Zip:

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JENKINS, R.M. DR
 Name:

 Address:
 11212 ST. ANDREWS COURT
 Address:

 City-St-Zip:
 RIVERVIEW, FL 33569
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. LAWRENCE LANGSTON P/D 04/20/2005