

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003368

FILED
Apr 17, 2006
Secretary of State

Entity Name: JOSEPH'S STOREHOUSE, INC.

Current Principal Place of Business:

1201 LITHA RD.
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 89485
TAMPA, FL 33689

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANGSTON, LAWRENCE DR.
P.O. BOX 89485
TAMPA, FL 33689 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: SVD () Delete
Name: LANGSTON, LANA DR
Address: 11212 ST. ANDREWS COURT
City-St-Zip: RIVERVIEW, FL 33569

Title: TD () Delete
Name: JENKINS, R.M. DR
Address: 11212 ST. ANDREWS COURT
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date