

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003368

FILED
Apr 29, 2008
Secretary of State

Entity Name: JOSEPH'S STOREHOUSE, INC.

Current Principal Place of Business:

3906 RYALWOOD CT.
VALRICO, FL 33596

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 ()

Name and Address of Current Registered Agent:

LANGSTON, FLOYD
3906 RYALWOOD CT.
VALRICO, FL 33569 US

Name and Address of New Registered Agent:

LANGSTON, FLOYD DR.
3906 RYALWOOD CT.
VALRICO, FL 33569 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. FLOYD LANGSTON

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: LANGSTON, FLOYD
Address: P.O. BOX 89485
City-St-Zip: TAMPA, FL 33689

Title: D () Delete
Name: LANGSTON, LARRY
Address: 10511 MIAN ST.
City-St-Zip: THONOTSASSA, FL 33569

Title: SVD () Delete
Name: LANGSTON, LANA
Address: P.O. BOX 89485
City-St-Zip: TAMPA, FL 33689

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 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. FLOYD LANGSTON

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date