


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

FILED

07 MAY 10 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N15784  
1. Entity Name  
ST. JOSEPH'S ENTERPRISES, INC.



Principal Place of Business  
3001 W. DR. M.L.K. JR. BLVD  
TAMPA, FL 33607 US

Mailing Address  
3001 W. DR. M.L.K. JR. BLVD  
ATTN: ISAAC MALLAH  
TAMPA, FL 33607 US




03272007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2822516 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MALLAH, ISAAC  
3001 W. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA, FL 33607

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: 05/22/07--01035--007 \*\*2207.50

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	YODER, CATHY
STREET ADDRESS	3001 W. DR. M.L.K. JR. BLVD
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	SD
NAME	AUBIN, MIKE
STREET ADDRESS	3001 W. DR. M.L.K. JR. BLVD
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	PD
NAME	MALLAH, ISAAC
STREET ADDRESS	3001 W. DR. M.L.K. JR. BLVD.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	VAALER, MARK M.D.
STREET ADDRESS	3001 W. DR. M.L.K. JR. BLVD.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VPD
NAME	LUTTON, LORRAINE
STREET ADDRESS	3001 W. DR. M.L.K. JR. BLVD.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/6/07 (813) 870-4020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #