2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 03, 2005 08:00 AM Secretary of State **DOCUMENT # P00000008099** JOHN & JOY ENTERPRISES, INC. Principal Place of Business Mailing Address 1050 PALM BLVD. C/O JOHN FALCONE 1050 PALM BLVD. DUNEDIN, FL 34698 DUNEDIN, FL 34698 01272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3625204 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FALCONE, JOHN P DO NOT WRITE 14905 ROCKY LEDGE DR. **TAMPA, FL 33625** 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE FALCONE, JOHN P NAME STREET ADDRESS 1050 PALM BLVD. DUNEDIN, FL 34698 CITY-ST-7IP U00000213268 TITLE 02/03/05-80063-009 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #