## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

May 22, 2007 08:00 AM Secretary of State **DOCUMENT # P00000070684** 1. Entity Name JOY GRUBB, P.A. Mailing Address Principal Place of Business 840 HICKORY LANE 840 HICKURY LANE PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 No Chg-P CR2E034 (11/05) 05182007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3662348 Not Applicable \$8.75 Additional 5. Conficate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GRUBB, JOY DO NOT WRITE 840 HICKORY LANE PALM HARBOR, FL 34683 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 Signature, typed or published name of sugarated agent who tido it applicable. (NOTE: Replained Agont signature required when (whenting) DATE 9. Election Cempaign Financing In accordance with s. 607.193(2)(b), F.S., the \$5.00 May Be FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. DO NOT WRITE
IN THIS SPACE

Implicit contained in Chapter 118, Florida Statutus, I juriser certity that the information are shall have the same legal effect as if made under ceth; that I am an efficie of director. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS TITLE D GRUBB, JÚY NAME 840 HICKORY LANE STREET ADDRESS PALM HARBOR, FL 34683 CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS Cliy-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-MP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutus. 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 the underlying the component with an address, with all other like empowered.

NTED NAME OF BIGNING OFFICER OR DIRECTOR

**FILED**