


**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90466 004 \*\*\*150.00

<p><b>DOCUMENT #</b> P00000105445</p> <p>1. Entity Name JOYFUL, INC.</p>		
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Principal Place of Business	Mailing Address
12838 VISTA PINE CIRCLE	12838 VISTA PINE CIRCLE
FORT MYERS FL 33913	FORT MYERS FL 33913

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-1073273	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

DENISON, JUNE M  
12838 VISTA PINE CIRCLE  
FORT MYERS FL 33913

7. Name and Address of New Registered Agent	
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Street Address (P.O. Box Number is Not Acceptable)

City	FI	Zip Code
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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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

10.	OFFICERS AND DIRECTORS
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11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	PD	<input type="checkbox"/> Delete
NAME	DENISON, JUNE M	
STREET ADDRESS	12838 VISTA PINE CIRCLE	
CITY - ST - ZIP	FORT MYERS FL 33913	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST. ZIP	

TITLE	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

CITY-STATE-ZIP TITLE NAME STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		

TITLE NAME STREET ADDRESS CITY, ST. ZIP	<input type="checkbox"/> Delete
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CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	

CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	

CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	

STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07

Daytime Phone \_\_\_\_\_

CR2E034 (10/02)