

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000109272

1. Entity Name
GALVESTON JOINT VENTURES, INC.



Principal Place of Business

P. O. BOX 1043
FREEPORT, FL 32439

Mailing Address

P. O. BOX 1043
FREEPORT, FL 32439

2. Principal Place of Business

3673 Hwy 2
Suite, Apt. #, etc.

3. Mailing Address

3673 Hwy 2
Suite, Apt. #, etc.

City & State

Graceville, FL

City & State

Graceville, FL

Zip

32440

Country

US

Zip

32440

Country

US

4. FEI Number

59-3682771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, DANA C ESQ
MATTHEWS & HAWKINS, P.A.
4475 LEGENDARY DRIVE
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name
Woodham, Wendell
Street Address (P.O. Box Number is Not Acceptable)
3673 Hwy 2
City
Graceville FL Zip Code
32440

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 Wendell Woodham
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

900040223999
08/16/04--01080--003 **\$1.25

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, C. WAYNE	
STREET ADDRESS	P. O. BOX 1043	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAIRD, HARRY A III	
STREET ADDRESS	P. O. BOX 1043	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woodham, Wendell	
STREET ADDRESS	3673 Hwy 2	
CITY-ST-ZIP	Graceville, FL 32440	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephens, Larry	
STREET ADDRESS	17644 Front Beach Rd	
CITY-ST-ZIP	Panama City Beh, FL 32413	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woodham, Pasty	
STREET ADDRESS	3673 Hwy 2	
CITY-ST-ZIP	Graceville, FL 32440	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephens, Teresa	
STREET ADDRESS	17644 Front Beach Rd	
CITY-ST-ZIP	Panama City Beh, FL 32413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Larry Stephens 8/3/04 850-234-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #