


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000014285</b> 1. Entity Name <b>JOE-SYL ENTERPRISES INC</b>		
Principal Place of Business <b>100 SILVER BEACH AVENUE UNIT 410 DAYTONA BEACH, FL 32118</b>		Mailing Address <b>1339 BEVILLE ROAD DAYTONA BEACH, FL 32119</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ADAIR, MELODY H 1339 BEVILLE ROAD DAYTONA BEACH, FL 32119</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>U000000140997 04/29/04-80184-005 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANDOLO, JOSEPH 100 SILVER BEACH AVENUE DAYTONA BEACH, FL 32118</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANDOLO, SYLVIA C 100 SILVER BEACH AVENUE DAYTONA BEACH, FL 32118</b>	
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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: <u>Joseph Sandolo</u> <b>JOSEPH SANDOLO</b> <u>4/15/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		