

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90395 014 ***150.00

DOCUMENT # P01000014285 1. Entity Name JOE-SYL ENTERPRISES INC			
Principal Place of Business 100 SILVER BEACH AVENUE UNIT 410 DAYTONA BEACH, FL 32118		Mailing Address 1339 BEVILLE ROAD DAYTONA BEACH, FL 32118	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1500 BEVILLE RD STE 606-322 DAYTONA BEACH FL 32114-5644	
4. FEI Number 59-3713247		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAIR, MELODY H 1339 BEVILLE ROAD DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1500 BEVILLE RD STE 606-322 DAYTONA BEACH FL 32114-5644	
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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 months	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SANDOLO, JOSEPH 100 SILVER BEACH AVENUE DAYTONA BEACH, FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SANDOLO, SYLVIA C 100 SILVER BEACH AVENUE DAYTONA BEACH, FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> <u>JOSEPH SANDOLO, PRES</u> <u>386-253-3746</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>			