

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90007 050 \*\*\*150.00

**DOCUMENT # P01000042381**

1. Entity Name

JOY GEE, INC.



Principal Place of Business

430 TIMBERWALK CT #1025  
PONTE VEDRA BEACH FL 32082

Mailing Address

PO BOX 24535  
JACKSONVILLE FL 32241-4535

2. Principal Place of Business

10240 FOREST HILL RD.

Suite, Apt. #, etc.

110

City & State

WELLINGTON, FL.

Zip  
33414

Country

3. Mailing Address

10240 FOREST HILL RD.

Suite, Apt. #, etc.

110

City & State

WELLINGTON, FL.

Zip  
33414

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3756277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BONO, GREG  
430 TIMBERWALK CT #1025  
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 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

TITLE PD ☐ Delete  
NAME BONO, GREGORY G  
STREET ADDRESS 430 TIMBERWALK CT  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE VPD ☐ Delete  
NAME BLOODWORTH, JEFFREY J  
STREET ADDRESS 400 PARK PLACE  
CITY-ST-ZIP FORT LEE NJ 07024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10240 FOREST HILL RD #110  
CITY-ST-ZIP WELLINGTON, FL. 33414

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10240 FOREST HILL RD  
CITY-ST-ZIP WELLINGTON, FL. 33414

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Greg Bono*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG BONO

2-12-04

(561) 351-0052

Date

Daytime Phone #