


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P01000068287	
<b>1. Entity Name</b> JOY COMMUNITY DEVELOPMENT CORPORATION	

<b>Principal Place of Business</b> 455 N. HAVERHILL RD. W. PALM BCH, FL 33415	<b>Mailing Address</b> 455 N. HAVERHILL RD. W. PALM BCH, FL 33415
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04252004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-1121336	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  DOUGLAS, EUSTACE 455 N. HAVERHILL RD. W. PALM BCH, FL 33415
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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.

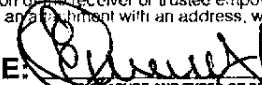
**SIGNATURE** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000135535 04/28/04-80063-012 150.00
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD DOUGLAS, EUSTACE 127 SYCAMORE DR. ROYAL PALM BCH, FL 33411
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD CLARKE, LELA V 1323 MONTERAY WAY GREENACRES, FL 33413
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	STD WORRELL, EDNA 637 CASHIERS DR. W. PALM BCH, FL 33413
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</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:**  EUSTACE DOUGLAS **4/25/04** 561 687 5455 <sup>1743</sup>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #