


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90001 014 \*\*\*150.00

<b>DOCUMENT # P02000022434</b> 1. Entity Name TWIN OAKS RANCH, INC.					
Principal Place of Business 7300 IMESON RD JACKSONVILLE, FL 32211			Mailing Address 135 BULLS BAY HWY JACKSONVILLE, FL 32220		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number 02-0551846 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02152005    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  JOYNER, JOSEPH E 135 BULLS BAY HWY JACKSONVILLE, FL 32220			7. Name and Address of New Registered Agent Name MADLYN L. JOYNER Street Address (P.O. Box Number is Not Acceptable) 135 BULLS BAY HWY JACKSONVILLE FL 32220 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOYNER, JOSEPH E 135 BULLS BAY HWY JACKSONVILLE, FL 32220 <input checked="" 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	PRESIDENT MADLYN L. JOYNER 135 BULLS BAY HWY JACKSONVILLE, FL 32220 <input type="checkbox"/> Change <input checked="" 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	
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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>Madlyn L. Joyner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/1/05</u> 984-781-6161 <small>Date      Daytime Phone #</small>		

ATTACHMENT

IN THE CIRCUIT COURT, FOURTH JUDICIAL CIRCUIT  
IN AND FOR DUVAL COUNTY, FLORIDA

CASE NO:

In Re: The Estate of:

JOSEPH E. JOYNER,  
Deceased.

PETITION FOR ADMINISTRATION  
(Testate Florida Resident)

Petitioner alleges:

1. Petitioner has an interest in the above estate as beneficiary as brother.  
Petitioner's name and address is:

MADLYN JOYNER      135 Bulls Bay Highway  
Jacksonville, Florida 32220

And the names and office address of Petitioner's attorney are set forth at the end of this petition.

2. Decedent, JOSEPH E. JOYNER, whose last known address was 135 Bulls Bay Highway, Jacksonville, Florida 32221, and, if known, whose ages was 74 and whose social security number is 267-32-6318, died on December 21, 2004, at Community Hospice of Northeast Florida, and on the date of death decedent was domiciled in Duval County, Florida.

3. So far as is known, the names of the beneficiaries of this estate and of the decedent's surviving spouse, if any, their addresses and relationship to decedent, and the dates of birth of any who are minors, are:

NAME	ADDRESS	RELATIONSHIP	DOB
Madlyn L. Joyner	135 Bulls Bay Highway Jacksonville, Florida 32210	Wife	
Billy Wayne Joyner A/k/a Wayne Joyner	1162 Pebble Ridge Drive Jacksonville, Florida 32220	Son	
Linda Dyanne Thomas A/k/a Diane Thomas	135 Bulls Bay Highway Jacksonville, Florida 32220	Daughter	

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SANDRA GAIL BARBER 135 Bulls Bay Highway Daughter  
A/k/a Sandra Gail Joyner Jacksonville, Florida 32220

Billy Shane Thomas 2555 Ernest Street Grandson  
Jacksonville, Florida 32204

Billy Wayne Joyner, II 1059 Kimberly Court Grandson  
Orange Park, FL 32065

Brittany Star Joyner 1162 Pebble Ridge Drive Granddaughter  
Jacksonville, Florida 32220

4. Venue of this proceeding is in this county because this is the county where the decedent was domiciled.

5. Madlyn Joyner, whose address is 135 Bulls Bay Highway, Jacksonville, Florida 32210, and who is qualified under the laws of the State of Florida to serve a personal representative of the decedent's estate.

6. The nature and approximate value of the assets in this estate are as follows:

See attached Financial Statement prepared November 18, 2004.

7. This estate is required to file a federal estate tax return.

8. The decedent's last will is dated December 12, 1990 and Codicil dated August 22, 2000:

a. The original last will is in the possession of the court or accompanies this petition.

9. Petitioner is unaware of any unrevoked will or codicil of decedent other than as set forth in paragraph 8.

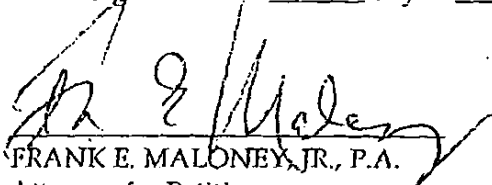
Petitioner request that the decedent's will be admitted to probate and that Madlyn Joyner be appointed personal representative of the estate of the decedent.

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Under penalties of perjury, we declare that we have read the foregoing,  
and the facts alleged are true, to the best of our knowledge and belief.

Signed on this 17<sup>th</sup> day of February 2005.



FRANK E. MALONEY, JR., P.A.

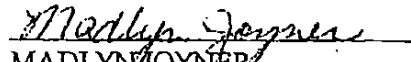
Attorney for Petitioner

Florida Bar No: 142990

445 East Macclenny Avenue

Macclenny, Florida 32063

(904) 259-3155

  
MADLYN JOYNER  
Petitioner

## ATTACHMENT

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APPLICANT'S INFORMATION		CREDITOR'S INFORMATION		JOINT PARTY INFORMATION	
<b>Applicant's Name and Address</b> Joseph E. Jovine 135 Bulls Bay Ave. Jacksonville, FL 32220		<b>Creditor's Name and Address</b> 6953 E. 21st St. Glen St. Mary, FL 32040		<b>Relationship</b> <input checked="" type="checkbox"/> Individual - Provide your financial information only <input checked="" type="checkbox"/> Joint, with <u>WIFE</u> <input type="checkbox"/> Information on separate financial statement	
<b>Business or Occupation</b> Retired		<b>Business or Occupation</b> Retired		<b>Employer's Name and Address</b> N/A	
<b>Length of Employment</b> N/A		<b>Length of Employment</b> N/A		<b>Home Phone</b> 904-281-6161	
<b>Date of Birth</b> 2-24-28		<b>Date of Birth</b> 3-26-33		<b>S.S./Taxpayer I.D. #</b> 267-32-6318	
<b>Cash On Hand and In Banks</b> Sched. A: 386,646		<b>Notes Due to Banks</b> Sched. A:		<b>Notes Due to Relatives and Friends</b> Sched. H:	
<b>Cash Value of Life Insurance</b> Sched. B: 100,020		<b>Notes Due to Others</b> Sched. H:		<b>Accounts and Bills Payable</b> Sched. H:	
<b>U.S. Gov. Securities</b> Sched. C:		<b>Loans on Life Insurance Policies</b> Sched. B:		<b>Contract Accounts Payable</b> Sched. H:	
<b>Other Marketable Securities</b> Sched. C:		<b>Cash Rent Payable</b> Sched. H:		<b>Other Liabilities Due within 1 Year - Itemize</b> N/A	
<b>TOTAL LIQUID ASSETS:</b> 486,666		<b>TOTAL SHORT TERM LIABILITIES</b> 0		<b>Real Estate Mortgages Payable (Commercial)</b> Sched. E: 577,608	
<b>Real Estate Owned</b> Sched. E: 1,600,000		<b>Liens and Assessments Payable</b> HELOC: 80,000		<b>Other Debts - Itemize</b> N/A	
<b>Mortgages and Contracts Owned</b> Sched. F: 69,000		<b>TOTAL LONG TERM LIABILITIES</b> 657,608		<b>Total Liabilities</b> 657,608	
<b>Notes and Accounts Receivable - current</b> Sched. D:		<b>Net Worth (Total Assets Minus Total Liabilities)</b> 1,759,058		<b>TOTAL LIABILITIES AND NET WORTH</b> 2,416,666	
<b>Notes and Accounts Receivable - over 90 days</b> Sched. D:		<b>Other Assets - Itemize</b> <input type="checkbox"/> (See attached itemization)		<b>TOTAL ASSETS</b> 2,416,666	
<b>Notes Due From Relatives and Friends</b> Sched. D:		<b>Other Income - Itemize</b> N/A		<b>Income Taxes</b> \$	
<b>Other Securities - Not Readily Marketable</b> Sched. G:		<b>Other Taxes</b> \$		<b>Insurance Premiums</b> \$	
<b>Personal Property</b> Sched. G: 70,000		<b>Mortgage Payments</b> \$		<b>Rent Payable</b> \$	
<b>IRA and Tax Deferred Accounts</b> \$		<b>Other Expenses</b> \$		<b>TOTAL</b> \$	
<b>TOTAL PRODUCTIVE ASSETS</b> 1,930,000		<b>Other Person's Salary, Bonuses and Commissions</b> \$		<b>Other Person's Income</b> \$	
<b>TOTAL ASSETS</b> 2,416,666		<b>Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</b> \$		<b>Other Income of Other Person - Itemize</b> \$	
<b>GENERAL INFORMATION</b>		<b>CONFIDENTIALITY</b>		<b>Other</b> \$	
<b>Are any Assets Pledged Other Than Described on SCHEDULES?</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>As Endorser, Co-maker or Guarantor</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>On Leases or Contracts</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>Are You a Defendant in Any Suits or Legal Actions?</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>Legal Claims</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>Federal/State Income Taxes</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>Income Tax Return Filed Through What Date?</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>Have you ever been declared Bankrupt in the last 10 years?</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>Other</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>Are you a Partner or Officer in any other Venture?</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>NAME OF BANK</b>		<b>Type Of Account</b>	
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<b>NAME OF BANK</b>		<b>Type Of Ownership</b>		<b>On Deposit</b>	
<b>NAME OF BANK</b>		<b>Type Of Ownership</b>		<b>Notes Due Banks</b>	
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<b>NAME OF BANK</b>		<b>Type Of Ownership</b>		<b>On Deposit</b>	
<b>NAME OF BANK&lt;/</b>					

# ATTACHMENT

40087037

COMPANY <i>N.Y. Life</i>	Face Of Policy <i>100,000</i>	Original Policy Value <i>200,020.56</i>	Policy Loan From Insurance Co. <i>MA</i>	Other Loans Policy As Collateral <i>MA</i>	BENEFICIARY <i>Madelyn Joyner</i>
Total P. & H. Benef. <i>200,020.56</i>		#70200082434			
<input type="checkbox"/> See Attached Itemization		TOTALS	\$ <i>200,020.56</i>	\$	\$

Face Value Bonds No. Or Shares Stock	DESCRIPTION Indicate those Not Registered In Your Name	Type of Ownership	COST	Market Value U.S. Gov. Sec.	Market Value Marketable Sec.	MARKET VALUE Not Readily Marketable	Amount Pledged To Secured Loan
<i>NA</i>							
<input type="checkbox"/> See Attached Itemization		TOTALS	\$	\$	\$	\$	

MAKER/DEBTOR	%	When Due	Original Amount	Balance Due Current Accounts	Balance Due Over 90 Days	Bal. Due Notes Ref. and Friends	Security (If Any)
<i>MA</i>							
<input type="checkbox"/> See Attached Itemization		TOTALS	\$	\$	\$	\$	

TITLE IN NAME OF	%	Description and Location	Date Acquired	Original Cost	Present Value of Real Estate	Amount of Ins. Carried	MORTGAGE OR CONTRACT PAYABLE Bal. Due	Payment	Maturity
<i>J.E. Joyner</i>		<i>Hamstead</i>			<i>\$300,000</i>		<i>80,000</i>		
<i>J.E. Joyner</i>		<i>US 90 Commercial</i>			<i>400,000</i>				
<i>J.E. Joyner</i>		<i>157 41- Acres</i>			<i>1,100,000</i>		<i>577,000</i>		<i>(Mortgage)</i>
<input type="checkbox"/> See Attached Itemization		TOTAL	\$	\$	\$	\$	\$		

Cont.	Mtg.	%	Name	Address	PROPERTY COVERED	Starting Date	Payment	Maturity	Balance Due
			<i>40 Larry Motzka (1590)</i>				<i>\$820</i>	<i>2014</i>	<i>60,000</i>
<input type="checkbox"/> See Attached Itemization		TOTALS	\$	\$	\$	\$	\$	\$	\$

DESCRIPTION	%	Date When New	When New	Value Today	Balance Due	To Whom Payable
<i>Vehicles, Furniture, Jewelry</i>				<i>20,000</i>		
<input type="checkbox"/> See Attached Itemization		TOTALS	\$	\$	\$	\$

PAYABLE TO	Other Debts (If Any)	When Due	Notes Due To Ref. and Friends	Notes Due Others (Not Banks)	Accounts and Bills	Contracts Payable	COLLATERAL (If Any) Payable
<i>MA</i>							
<input type="checkbox"/> See Attached Itemization		TOTALS	\$	\$	\$	\$	\$

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this Statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both.

I, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a credit report on them.

The undersigned declares that he/she has read and understands the statements above.

Date Signed *11-8-04*

Signature

*J.E. Joyner*

Signature

*Madelyn Joyner*  
Other Person (If Applicable)