2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90167 033 ***150.00

DOCUMENT # P02000082311

1. Entity Name
JOY-STAR, P.A.

Principal Place of Business	Mailing Address
222 SOUTH BERNON AVE KISSIMMEE, FL 34741	222 SOUTH BERNON AVE KISSIMMEE, FL 34741

14003418

01132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
222 SOUTH VERNON AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
KISSIMMEE, FLORIDA	
City & State	City & State
Zip 34741 Country USA	Zip Country

4. FEI Number 14-1840786 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARPENTER, W JOY 222 SOUTH VERNON AVE KISSIMMEE, FL 34741	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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	V CARPENTER, W. JOY PRES. 222 SOUTH VERNON AVE KISSIMMEE, FL 34741	☐ Delete CHANGE →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT W. JOY CARPENTER 222 S. Vernon Avenue Kissimmee, Florida 34741	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALDERON, STAR SEC. 222 SOUTH VERNON AVE KISSIMMEE, FL 34741	☐ Delete CHANGE →	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT STAR CALDERON 222 S. Vernon Avenue Kissimmee, FL 34741	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] / STAR CALDERON 4/24/05 407 343 7737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #