

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000106294

1. Entity Name
WILLIAM C. JOINER, INC.



Principal Place of Business
801 SOUTH COPELAND AVENUE
EVERGLADES CITY, FL 34139

Mailing Address
POST OFFICE BOX 214
EVERGLADES, FL 34139



07162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2300310

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMALLWOOD, DOROTHY K
801 SOUTH COPELAND AVENUE
EVERGLADES CITY, FL 34139

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IN THIS SPACE**

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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000170017
08/12/04-80009-001 550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOINER, WILLIAM C
801 SOUTH COPELAND AVENUE
EVERGLADES CITY, FL 34139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMALLWOOD, DOROTHY K
801 SOUTH COPELAND AVENUE
EVERGLADES CITY, FL 34139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(f), 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: *x William C. Joiner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 7-19-04 x 239-229-8089
Date Daytime Phone #