

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000132937

1. Entity Name  
JOY-SYL FOLIAGE WORLD, INC.



Principal Place of Business

91 EARLS LN  
APOPKA, FL 32712

Mailing Address

91 EARLS LN  
APOPKA, FL 32712

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number  
52-2388198

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

STRICKLAND, D. RALPH  
91 EARLS LN  
APOPKA, FL 32712

**DO NOT WRITE  
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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRICKLAND, D. RALPH 91 EARLS LN APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRICKLAND, SYLVIA I 91 EARLS LN APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRICKLAND, MICHAEL 91 EARLS LN APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENTLEY, LISA 91 EARLS LN APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000119832  
04/19/04-80113-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

*Lisa Bentley, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04  
Date

407-879-0700  
Daytime Phone #