2004 FOR PROFIT CORPORATION ANNUAL REPORT

P03000012308

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 8 AM 8:23

DOCUMENT # P03000012308

1. Entity Name
JOE M. PROPERTIES, INC.

Principal Place of Business	Mailing Address
221 SW PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34984	221 SW PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34984

4/8/04 90275 045 150.00

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02202004 Chg-P CR2E034 (10/03)

4. FEI Number 13-4236558 ☐ 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
KOHL, N. DEAN JR, ESQ 50 SE KINDRED STREET SUITE 107 STUART, FL 34994	Name STEPHEN NAVARETTA Street Address (P.O. Box Number is Not Acceptable) 1100 SW ST LUCIE WEST BLVD City PORT ST. LUCIE FL Zip Code 34986

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] 3/4/04 STEPHEN NAVARETTA
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, 2004 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	P/D YOLANDA MERINGOLA 221 SW PORT ST LUCIE BLVD PORT ST. LUCIE FL 34984	☐ Delete	P/D YOLANDA MERINGOLA 221 SW PORT ST. LUCIE BLVD PORT ST. LUCIE FL 34986	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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] Yolanda Meringola 772-879-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/6/04 — Daytime Phone #

4/21