2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 8:00 am Secretary of State

DOCUMENT # P03000016468 1. Entity Name JOSCO ENTERPRISES, INC.							02-07-200:	5 90051 0	37 ***15	0.00
Principal Plac	e of Business	Mailing Address	failing Address				4001220	17		
		-	1705 S. PARROTT AVE.			(4001330	17		
OKEECHOBE			OKEECHOBEE, FL 34972				V.	×		
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2. Principal P	face of Business	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.							
		55.677 (21. 11.) 6.61				01202005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State	City & State			4. FEI Numbe	er		Ap	plied For
			•			22-3895191			No	t Applicable
Zip	Zip Country Zip		ip Cou			5. Certificate	of Status Desired		\$8.75 Add	
									Fee Required	<u> </u>
	6. Name and Address of Current F	registered Agent		Name		/. Name and	Address of New	Hegistered A	igent	
KIZHAKKANADIYIL, JOSE STEPHEN										
1705 S. PA	ARROTT AVE.	•	Street Address			(P.O. Box Number is Not Acceptable)				
OKEECHO	DBEE, FL 34972			-						***
				City				FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing i	its register	ed office or	registere	ed agent, or bot	h, in the State of F	lorida. I am f	amiliar with,	and accept
	ŭ ŭ						= + * **			
SIGNATURE_	Signature, typed or printed name of registered agent at	nd title if applicable (NC	DTF: Begistere	d Agent signati	ire required	when reinstating)		DATE		
						٠,				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu					• \$5. !	00 May Be ed to Fees			•	
10.	· · · · · · · · · · · · · · · · · · ·		11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	PD Delete		1	TITLE TO		. نده د			Change	Addition
NAME	KIZHAKKANADIYIL, JOSE STEPI	I			Jos	e Step	nen _	- 4		
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STREET ADDRESS	,	. .		EET ADDRESS		•	· · ·	•		
CITY-ST-ZIP -		and the second s	: CITY	'-ST-ZIP						
	certify that the information supplied with	this files does not qualify	Cara Hara Jawa		end in Co.	otion #10.07/2\/	i) Florida Ctatutas	16		

rine by certify that the information supplied with this filling does not qualify for the exemption stated in Section 118.07(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 eath; 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:

SIGNAFORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-05

863-4675067

Daytime Phone #