

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90002 019 ***150.00

54066317



07272004 Chg-P CR2E034 (10/03)

4. FR Number **59-3442360** Applied For Not Applicable

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

DOCUMENT # P03000053801
1. Entity Name
JOE SINES, INC.

Principal Place of Business
**907 BEULAH AVENUE
TAVARES, FL 32778**

Mailing Address
**907 BEULAH AVENUE
TAVARES, FL 32778**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent
**SINES, JOSEPH
907 BEULAH AVENUE
TAVARES, FL 32778**

7. Name and Address of New Registered Agent
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, Name and Address of Current Registered Agent (The Filer Only) (Not a Registered Agent applicable and not required to be signed)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SINES, JOSEPH 907 BEULAH AVENUE TAVARES, FL 32778 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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)(d), 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: *by M. Sines* **7-2901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR