

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000067352**

1. Entity Name  
**JOINT DEVELOPERS, INC.**



Principal Place of Business  
**1910 BEAUTIFUL AVE  
WEST PALM BEACH, FL 33401**

Mailing Address  
**1910 BEAUTIFUL AVE  
WEST PALM BEACH, FL 33401**



D4232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-2674203</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**RICHARDS, WAYNE M  
2001 BROADWAY SUITE 101  
RIVIERA BEACH, FL 33404**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

1111100537527  
05/09/06-80021-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DVS
NAME	WINGATE, TIMOTHY L SR
STREET ADDRESS	1910 BEAUTIFUL AVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	DPT
NAME	LUSTER, VICTOR L SR
STREET ADDRESS	1910 BEAUTIFUL AVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 life empowered.

**SIGNATURE:** *Victor Luster Sr.* **Victor Luster Sr.** **4-17-06** **561-248-9052**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #