

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90007 002 ***150.00

DOCUMENT # P03000078332	
1. Entity Name JOY'S ENTERPRISES OF ORLANDO INC	

Principal Place of Business 3115 FITZGERALD DRIVE ORLANDO, FL 32805	Mailing Address 3115 FITZGERALD DRIVE ORLANDO, FL 32805
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2. Principal Place of Business 6100 Old Winter Garden Rd	3. Mailing Address 6100 Old Winter Garden Rd
Suite, Apt. #, etc. Ste B	Suite, Apt. #, etc. Ste B
City & State Orlando, FL 3283	City & State Orlando, FL
Zip 32835	Zip 32835
Country USA	Country USA



05192005 Chg-P CR2E034 (10/03)

4. FEI Number 52-2356227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TRIMBLE, JOYCE 3115 FITZGERALD DRIVE ORLANDO, FL 32805	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Joyce Trimble* (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP P TRIMBLE, JOYCE 3115 FITZGERALD DRIVE ORLANDO, FL 32805	TITLE NAME STREET ADDRESS CITY - ST - ZIP VP TRIMBLE SAMUEL 3115 FITZGERALD DR Orlando, FL 32805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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: *Joyce Trimble* 5/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #