

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90047 027 ***150.00

DOCUMENT # P03000111623 1. Entity Name JOSEPHINE'S ENTERPRISES, INC.					
Principal Place of Business 1468-3 PARK SHORE CIRCLE FORT MYERS, FL 33901				Mailing Address 1468-3 PARK SHORE CIRCLE FORT MYERS, FL 33901	
2. Principal Place of Business 5017 Bygone St. Lehigh Acres, FL <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5017 Bygone St Lehigh Acres, FL <small>Suite, Apt. #, etc.</small>			
City & State Lehigh Acres, FL		City & State Lehigh Acres, FL		01062005 Chg-P CR2E034 (10/03)	
Zip 33971		Country USA		4. FEI Number 65-0956804	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HACK, L. RANDALL 3403 S.E. 8TH PLACE CAPE CORAL, FL 33904				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME GOFF, MARTHA STREET ADDRESS 1468-3 PARK SHORE CIRCLE CITY-ST-ZIP FORT MYERS, FL 33901	<input type="checkbox"/> Delete		TITLE D NAME Goff, Martha STREET ADDRESS 5017 Bygone St. CITY-ST-ZIP Lehigh Acres, FL 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Martha Goff</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/06/05</u> Daytime Phone # <u>239-332-3850</u>		