

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-07-2005 90094 029 \*\*\*150.00

DOCUMENT # P03000124634

1. Entity Name  
JOE CARPENTER, INC.



Principal Place of Business  
1080 S HOAGLAND BLVD SUITE 5  
KISSIMMEE, FL 34741

Mailing Address  
1080 S HOAGLAND BLVD SUITE 5  
KISSIMMEE, FL 34741

50011322



2. Principal Place of Business  
1416 EIGHTH STREET  
Suite, Apt. #, etc.

3. Mailing Address  
1416 EIGHTH STREET  
Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State  
SAINT CLOUD, FLORIDA  
Zip 34769 Country ORLOCA

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SAINT CLOUD FLORIDA  
Zip 34769 Country ORLOCA

4. FEI Number 21-007 0346 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

BUSHWAY, CHRIS  
1080 S HOAGLAND BLVD SUITE 5  
KISSIMMEE, FL 34741

## 7. Name and Address of New Registered Agent

Name: CHRIS BUSHWAY  
Street Address (P.O. Box Number is Not Acceptable)  
1416 EIGHTH STREET  
City SAINT CLOUD FL Zip Code 34769

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/6/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE DPTS  
NAME BUSHWAY, CHRIS ☐ Delete  
STREET ADDRESS 1080 S HOAGLAND BLVD SUITE 5  
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIT/P/S ☒ Change ☐ Addition  
NAME CHRIS BUSHWAY  
STREET ADDRESS 1416 EIGHTH STREET  
CITY-ST-ZIP SAINT CLOUD, FLORIDA 34769

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/7/05 407-709-1619  
Date Daytime Phone #