


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90031 018 \*\*\*150.00

<b>DOCUMENT # P03000126692</b> 1. Entity Name <b>DETAILING BY JOYCE INC.</b>																					
Principal Place of Business <b>4541-35TH AVE CIR E PALMETTO FL 34221</b>			Mailing Address <b>4541-35TH AVE CIR E PALMETTO FL 34221</b>																		
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																			
City & State 		City & State 		4. FEI Number <b>51-0489707</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																	
Zip 	Country <i>Manatee</i>	Zip 	Country <i>Manatee</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																	
6. Name and Address of Current Registered Agent  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <del>SHOOK, YVONNE 4802 26TH ST W SUITE A BRADENTON FL 34207</del> </div>				7. Name and Address of New Registered Agent Name <i>Affordable Accounting</i> Street Address (P.O. Box Number is Not Acceptable) <i>8003 Hwy 301 N Arlene Cole</i> City <i>Parrish</i> FL Zip Code <i>34219</i>																	
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 <i>Arlene Cole</i> <i>Arlene Cole accountant</i> DATE <i>2-10-06</i> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>																					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHWEMLER, JOYCE</td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>4950-B COLONIAL DRIVE</del> <i>4541 35TH A.C.E</i></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><del>BRADENTON FL 34208</del> <i>Palmetto, FL 34221</i></td> </tr> </table>				TITLE	D <input type="checkbox"/> Delete	NAME	SCHWEMLER, JOYCE	STREET ADDRESS	<del>4950-B COLONIAL DRIVE</del> <i>4541 35TH A.C.E</i>	CITY-ST-ZIP	<del>BRADENTON FL 34208</del> <i>Palmetto, FL 34221</i>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	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 exemptions contained in Section 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 like empowered. SIGNATURE: <i>Joyce Schwemler</i> <i>Joyce Schwemler</i> <small>(Signature and typed or printed name of signing officer or director)</small>																					