

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90274 040 ***150.00

DOCUMENT # P04000016036

1. Entity Name

BILL JOYCE CONSTRUCTION, INC.



Principal Place of Business

3223 BLACK GOLD TRAIL
TALLAHASSEE FL 32309

Mailing Address

3223 BLACK GOLD TRAIL
TALLAHASSEE FL 32309

2. Principal Place of Business

Suite, Apt. #, etc.

3223 BLACK GOLD TRAIL

3. Mailing Address

Suite, Apt. #, etc.

3223 BLACK GOLD TRAIL

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

Zip

32309

Country

USA

Zip

32309

Country

USA

4. FEI Number

510497213

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNTER, CURTIS B
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

~~HUNTER, CURTIS B~~

Street Address (P.O. Box Number is Not Acceptable)

~~1300 THOMASWOOD DRIVE~~

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME JOYCE, WILLIAM A
STREET ADDRESS 3223 BLACK GOLD TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 my address, with all other like empowered.

SIGNATURE:

William A. Joyce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #