

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000016036

1. Entity Name

BILL JOYCE CONSTRUCTION, INC.



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

04-18-2005 90274 040 ***150.00

Principal Place of Business
3223 BLACK GOLD TRAIL
TALLAHASSEE FL 32309

2. Principal Place of Business
~~3223 Black Gold Trail~~
Suite, Apt. #, etc.
~~3223 Black Gold Trail~~
City & State
~~TALLAHASSEE, FL~~
Zip
~~32309~~ County
~~Leon~~

3. Mailing Address
3223 Black Gold Trail
Suite, Apt. #, etc.
City & State
TALLAHASSEE, FL
Zip
32309 County
Leon

6. Name and Address of Current Registered Agent
HUNTER, CURTIS B
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32308

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



1st MOORE CR2E034 (10/04)

4. FEI Number <i>510497213</i>	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 Tallahassee, FL Zip Code <i>FL</i>

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PVST JOYCE, WILLIAM A 3223 BLACK GOLD TRAIL TALLAHASSEE FL 32309	<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
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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: *Bill Joyce*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #