

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90146 015 ***150.00

DOCUMENT # P04000057629					
1. Entity Name JOYNER TILE SERVICE, INC.					
Principal Place of Business 1405 PLANTATION CIRCLE #207 PLANT CITY FL 33566			Mailing Address 1405 PLANTATION CIRCLE #207 PLANT CITY FL 33566		
2. Principal Place of Business 1120 Music Tree Pl.		3. Mailing Address 1120 Music Tree Pl.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Dover, FL.		City & State Dover, FL.		4. FEI Number 51-0501945	
Zip 33527		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOYNER, WILLIAM L 1405 PLANTATION CIRCLE #207 PLANT CITY FL 33566		7. Name and Address of New Registered Agent			
		Name Joyner, William L.			
		Street Address (P.O. Box Number is Not Acceptable) 1120 Music Tree Pl.			
		City Dover, FL.			
		Zip Code 33527			
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 <u>William L. Joyner - Pres.</u> <u>William L. Joyner</u> <u>8/24/05</u>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when removing) DATE					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOYNER, WILLIAM L 1405 PLANTATION CIRCLE #207 PLANT CITY FL 33566 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOYNER, KEVIN M 5510 GATOR COUNTRY DR. PLANT CITY FL 33565 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1120 Music Tree Pl. Dover, FL. 33527				
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"/> Change <input type="checkbox"/> Addition				
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"/> 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>William L. Joyner - Pres</u> <u>8/24/05</u> <u>(813) 267-5354</u>					
Signature and typed or printed name of signing officer or director Date Daytime Phone #					