

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074833

Entity Name: MICHAEL JOY, P.A.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

1235 BETHUNE WAY  
THE VILLAGES, FL 32162

## New Principal Place of Business:

12141 NE 51ST CIRCLE  
OXFORD, FL 34484

## Current Mailing Address:

1235 BETHUNE WAY  
THE VILLAGES, FL 32162

## New Mailing Address:

12141 NE 51ST CIRCLE  
OXFORD, FL 34484

FEI Number: 56-2456962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOY, MICHAEL  
1235 BETHUNE WAY  
THE VILLAGES, FL 32162 US

## Name and Address of New Registered Agent:

JOY, MICHAEL  
12141 NE 51ST CIRCLE  
OXFORD, FL 34484 US

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.

SIGNATURE: MICHAEL JOY

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: JOY, MICHAEL  
Address: 1235 BETHUNE WAY  
City-St-Zip: THE VILLAGES, FL 32162

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: JOY, MICHAEL  
Address: 12141 NE 51ST CIRCLE  
City-St-Zip: OXFORD, FL 34484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL JOY

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date