


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90120 008 \*\*\*150.00

|   |   |         |   |  |   |
|---|---|---------|---|--|---|
| <b>DOCUMENT # P04000112259</b><br>1. Entity Name<br><b>JOE'S BUILDING, INC.</b>   |   |         |   |   |   |
| Principal Place of Business<br><b>14351 IRVING STREET<br/>BROOKSVILLE, FL 34609</b>   |   |         | Mailing Address<br><b>14351 IRVING STREET<br/>BROOKSVILLE, FL 34609</b> |  |   |
| 2. Principal Place of Business  |   |         | 3. Mailing Address  |  |   |
| Suite, Apt. #, etc.   |   |         | Suite, Apt. #, etc.   |  |   |
| City & State  |   |         | City & State  |  |   |
| Zip   |   | Country |   | Zip  |   |
| Country   |   | Country |   | 06152005    Chg-P    CR2E034 (10/03)   |   |
| 4. FEI Number<br><b>26-0094839</b>  |   |         |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |         |   | 6. Name and Address of Current Registered Agent<br><b>PIJANOWSKI, EVELYN<br/>14351 IRVING STREET<br/>BROOKSVILLE, FL 34609</b>   |   |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>   |   |         |   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |   |
| 10. OFFICERS AND DIRECTORS  |   |         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>PIJANOWSKI, JOSEPH A<br>14351 IRVING STREET<br>BROOKSVILLE, FL 34609 <input type="checkbox"/> Delete |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VST<br>PIJANOWSKI, EVELYN<br>14351 IRVING STREET<br>BROOKSVILLE, FL 34609 <input type="checkbox"/> Delete |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |         |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |         |   |  |   |
| <b>SIGNATURE: Evelyn Pijanowski, EVELYN Pijanowski</b> 6-29-05    (352) 597-2236<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>  |   |         |   |  |   |

ATTACHMENT  
06020321



Randall Woodruff, CPA  
Ken Woodruff, CFP®

August 19, 2005

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Joe's Building, Inc. 204000112259

Dear Sir or Madam:

Attached is a copy of the notice received by the above named corporation regarding their annual report. It indicates a balance due of \$400.00 for late filing penalty. The entity did not receive the notice to file by May 1<sup>st</sup>, and when the client became aware of their obligation to file, sent the report in immediately. This was the first year the corporation was in existence, and therefore was not aware of this requirement. Please abate the penalty and accept the report as filed.

Your consideration in this matter is greatly appreciated.

Sincerely,

*Andrew Nelson CPA*

Andrew Nelson, C.P.A.

801 South Broad Street  
Brooksville, Florida 34601  
Phone: 352-796-3224  
Fax: 352-799-7598

7145 Mariner Boulevard  
Spring Hill, Florida 34609  
Phone: 352-596-2883  
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