## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Feb 26, 2007 08:00 AN Secretary of State **DOCUMENT # P04000112259** 1. Entity Name JOE'S BUILDING, INC. Mailing Address Principal Place of Business 14351 IRVING STREET 14351 IRVING STREET BROOKSVILLE, FL 34609 BROOKSVILLE, FL 34609 01292007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0094839 Not Applicable \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 6. Name and Address of Current Registered Agent PIJANOWSKI, EVELYN DO NOT WRITE 14351 IRVING STREET BROOKSVILLE, FL 34609 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE U00000649744 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 03/07/07-80063-002 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME PIJANOWSKI, JOSEPH A 14351 IRVING STREET STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34609 VST TITLE PIJANOWSKI, EVELYN NAME STREET ADDRESS 14351 IRVING STREET BROOKSVILLE, FL 34609 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP