

2007 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90042 037 ***150.00

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01232007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000020515			
1. Entity Name JOYCE & TOM, INC.			
Principal Place of Business 3662 FLAT ROAD TALLAHASSEE, FL 32303		Mailing Address 3662 FLAT ROAD TALLAHASSEE, FL 32303	
2. Principal Place of Business - No P.O. Box # 19 Calvary Court		3. Mailing Address 19 Calvary Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Crawfordville, FL		City & State Crawfordville, FL	
Zip 32321		Zip 32321	
Country USA		Country USA	
4. FEI Number 20-2314419		Applied For <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 WOLFE, LARRY S 200-A JOHN KNOX ROAD TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNAWAY, THOMAS P 3662 FLAT ROAD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19 Calvary Court Crawfordville, FL 32321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		1/24/07 (850) 488-3041	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	