


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90192 043 \*\*\*150.00

<b>DOCUMENT # P05000028699</b>	
1. Entity Name <b>JOSEPH MOTHERSIL, INC.</b>	

Principal Place of Business <b>1430 SOPHIE BLVD ORLANDO, FL 32828</b>	Mailing Address <b>1430 SOPHIE BLVD ORLANDO, FL 32828</b>
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2. Principal Place of Business <b>1188 Springview Run</b> Suite, Apt. #, etc.	3. Mailing Address <b>1188 Springview Run</b> Suite, Apt. #, etc.
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City & State <b>Winter Park Fl.</b>	City & State <b>Winter Park Fl.</b>
Zip <b>32792</b>	Country <b>USA</b>



04262006 Chg-P CR2E034 (11/05)

4. FEI Number <b>52-2452577</b>	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 <b>MOTHERSIL, FRANTZY 1930 LAKESHORE CIR LONGWOOD, FL 32752</b>	7. Name and Address of New Registered Agent Name <b>Mothersil, Joseph Frantz</b> Street Address (P.O. Box Number is Not Acceptable) <b>1188 Springview Run</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32792</b>
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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: *Joseph Mothersil* **Mothersil, Joseph Frantz** 4/27/06  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOTHERSIL, JOSEPH</b>		NAME <b>Mothersil, Joseph Frantz</b>	
STREET ADDRESS <b>1430 SOPHIE BLVD</b>		STREET ADDRESS <b>1188 Springview Run</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32828</b>		CITY-ST-ZIP <b>Winter Park Fl. 32792</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Joseph Mothersil* **Joseph Mothersil** 4/27/06 321 278-6536  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #