


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90113 005 ***150.00

DOCUMENT # P05000039202					
1. Entity Name J.O.J., INC.					
Principal Place of Business 5158 107TH STREET JACKSONVILLE, FL 32244			Mailing Address 5158 107TH STREET JACKSONVILLE, FL 32244		
2. Principal Place of Business - No P.O. Box # 115 Elvira		3. Mailing Address 115 Elvira			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Georgetown, FL		City & State Georgetown, FL		4. FEI Number 32-0144401	
Zip 32112		Country USA		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	
JOYCE, CARY 5158 107TH STREET JACKSONVILLE, FL 32244				7. Name and Address of New Registered Agent	
Name: CARY JOYCE Street Address (P.O. Box Number is Not Acceptable): 115 Elvira City: Georgetown FL Zip Code: 32112				Name: CARY JOYCE Street Address (P.O. Box Number is Not Acceptable): 115 Elvira City: Georgetown FL Zip Code: 32112	
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: <i>Cary Joyce</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME JOYCE, CARY STREET ADDRESS 5158 107TH STREET CITY-ST-ZIP JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete		TITLE PD NAME CARY JOYCE STREET ADDRESS 115 Elvira CITY-ST-ZIP Georgetown, FL 32112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME JOYCE, LYNN STREET ADDRESS 5158 107TH STREET CITY-ST-ZIP JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete		TITLE V NAME LYNN JOYCE STREET ADDRESS 115 Elvira CITY-ST-ZIP Georgetown, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: X <i>Cary Joyce</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					