2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 01, 2006 8:00 am
Secretary of State
04-27-2006 90217 019 ***150.00

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04192006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000041941

1. Entity Name
JOSEPH, INC.

Principal Place of Business	Mailing Address
8155 OMAHA CIRCLE SPRING HILL, FL 34606 US	8155 OMAHA CIRCLE SPRING HILL, FL 34606 US

2. Principal Place of Business	3. Mailing Address
Country Pizza	8155 Omaha Cr.
Suite, Apt. #, etc. 15922 Little Ranch Rd.	Suite, Apt. #, etc.
City & State: SPRING HILL FLA.	City & State: Spring Hill Fla.
Zip: 34610 Country: PASCO	Zip: 34606 Country: Hernando

4. FEI Number 30-0305898 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEFRANK, ANTHONY
8155 OMAHA CIRCLE
SPRING HILL, FL 34606

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D DEFRANK, ANTHONY 8155 OMAHA CIRCLE SPRING HILL, FL 34606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA, MICHAEL 3701 WHISPERING BROOK CT WICHITA, KS 67220	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Anthony DeFrank 4-25-06 352 6846134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #