AMENDED

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000041941

1. Entity Name

JOSEPH, INC.

FILED

06 JUL 20 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
8155 Omaha Cir.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Spring Hill Fla	
City & State: Fla	City & State
Zip: 34606 Country: Hernando	Zip Country

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	7. Name and Address of New Registered Agent
DEFRANK, ANTHONY 8155 OMAHA CIRCLE SPRING HILL FL 34606	Name: Rose DeFrank Street Address (P.O. Box Number is Not Acceptable): Same as above 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: Rose DeFrank
Signature, type 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
Make Check Payable to Florida Department of State

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 Pres.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900078120299 07/28/06--01043--024 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBARA, MICHAEL 3701 WHISPERING BROOK CT WICHITA KS 67220 Vice Pres	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Justin Ryan Mathes 102 Prime ST ST Augustine Treas. & Secretary Feb 3 2006	☐ 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 Section 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 May 28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #