

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000041941

1. Entity Name

JOSEPH, INC.



Principal Place of Business

COUNTRY PIZZA
15923 LITTLE RANCH RD
SPRING HILL FL 34610
US

Mailing Address

8155 OMAHA CIR.
SPRING HILL FL 34606
US



2. Principal Place of Business - No P.O. Box #

15923 Little Ranch Rd

Suite, Apt. #, etc.

Spring Hill

City & State

Fla

Zip

Country

Pass

3. Mailing Address

8155 Omaha Cir

Suite, Apt. #, etc.

Spring Hill Fla

City & State

Fla

Zip

Country

Pass

1st MOORE

CR2E034 (10/07)

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, RAE
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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

TITLE PD ☐ Delete
NAME DEFRANK, ANTHONY
STREET ADDRESS 8155 OMAHA CIRCLE
CITY-ST-ZIP SPRING HILL FL 34606

TITLE VPD ☐ Delete
NAME BARBARA, MICHAEL
STREET ADDRESS 3701 WHISPERING BROOK CT
CITY-ST-ZIP WICHITA KS 67220

TITLE TS ☐ Delete
NAME MATHERS, JUSTIN R
STREET ADDRESS 1022 PRUNE ST.
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000939560
05/28/08-80033-012 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/0

Day: no Phone #