

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90156 005 ***150.00

DOCUMENT # P05000076419

1. Entity Name
ORDINARY JOES INCORPORATED



Principal Place of Business
**P.O. BOX 131
DUNNELLON, FL 34430 US**

Mailing Address
**P.O. BOX 131
DUNNELLON, FL 34430 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 70

50009272

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Holder, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

34445

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351**

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

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,P
BROCK, EILEEN T
P.O. BOX 131
DUNNELLON, FL 34430** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BROCK, EILEEN T
P.O. BOX 131
DUNNELLON, FL 34430** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,VP
BROCK, RAE
P.O. BOX 1197
DUNNELLON, FL 34430** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BROCK, RAE
P.O. BOX 1197
DUNNELLON, FL 34430** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOSTIC, CECELIA
P.O. BOX 1197
DUNNELLON, FL 34430** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAZLEGROVE, DIANE
P.O. BOX 1197
DUNNELLON, FL 34430** ☐ 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: **Eileen T. Brock**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06
Date

352 489 7839
Daytime Phone #