## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P05000076419** 

ORDINARY JOES INCORPORATED

## FILED Apr 05, 2006 8:00 am Secretary of State 04-05-2006 90156 005 \*\*\*150.00

| Principal Place of Business Mailing   | g Address   |  |                     |                                   |                |                |
|---|---|--|---------------------|-----------------------------------|----------------|----------------|
|   | 30X 131   |  |                     |                                   |                |                |
| DUNNELLON, FL 34430 US DUNN   | IELLON, FL 34430 U                                      | S  |                     |                                   |                |                |
|   |   |  |                     |                                   |                |                |
| Principal Place of Business   | ng Address  | ~ .  | 4                   | 50                                | 00927          | 19             |
| a. I morpal rade of business  | F.O. Box 7  | n  |                     | 00                                | 00021          | r.             |
| Suite, Apt. #, etc. Suite   | Apt. #, etc.  | <u> </u>   | -                   |                                   |                |                |
|   | ,                 |  |                     |                                   |                |                |
| City & State City   | 8 State   | <u> </u>   | 4. FEI Numb         | er                                |                | Applied For    |
|   | Holder  | FL.  |                     |                                   | —              | Not Applicable |
| Zip Country Zip   | Cour  | ntry   | f 0-404-            | -40t-4 - Desired                  | \$8.75 A       |                |
| . 7   | 34445   | USA.   | 5. Certificate      | of Status Desired                 | Fee Requi      |                |
| 6. Name and Address of Current Registere  | d Agent   |  | 7. Name and         | Address of New Registered         | d Agent        |                |
| AAA DEGIGTEDED AGENT ING  |   | Name   |                     |                                   |                |                |
| A1A REGISTERED AGENT INC.<br>92 SADBERRY ROAD   |   | Street Address (P.O. Box Number is Not Acceptable) |                     |                                   |                |                |
| QUINCY, FL 32351  |   | Sireet Address (                                   |                     | er is that Acceptable)            |                |                |
| Q01101;12 02001   |   |  |                     |                                   |                | -              |
| •   |   | City   |                     |                                   | 1 7 0          |                |
| •   |   | City   |                     | F                                 | L Zip Co       | de             |
| 8. The above named entity submits this statement for the purpo  | se of changing its register                             | red office or register                             | red agent, or bo    | th, in the State of Florida. I ar | n familiar wit | n, and accept  |
| the obligations of registered agent.  |   |  |                     |                                   |                |                |
| SIGNIATUDE  |   |  |                     |                                   |                |                |
| SIGNATURE Signature, typed or printed name of registered agent and title if appli   | cable. (NOTE Registere                                  | ed Agent signature required                        | d when reinstating) | DATE                              |                |                |
|   |   |  |                     |                                   |                |                |
| ·   | . Election Campaign Final                               | ncing \$5  | .00 May Be          |                                   |                |                |
| . 6.  | Trust Fund Contribution.                                |  | ed to Fees          |                                   |                |                |
| 10. OFFICERS AND DIRECTOR   | 26  |  | ABBUTIONS           | OULUNES TO 05510555               | 0.0000=0       |                |
| TITLE D.P   | <del></del>   |  | ADDITIONS           | CHANGES TO OFFICERS AN            |                |                |
| NAME BROCK, EILEEN T  | Delete TITL   |  |                     |                                   | ☐ Change       | □ Addition     |
| STREET ADDRESS P.O. BOX 131   |   | EET ADDRESS  |                     |                                   |                |                |
| CITY-ST-ZIP DUNNELLON, FL 34430   |   | r-ST-ZiP   |                     |                                   |                |                |
| TITLE T   |   |  |                     |                                   |                |                |
| NAME BROCK, EILEEN T  | ☐ Delete TITL   |  |                     |                                   | ☐ Change       | Addition       |
| STREET ADDRESS   P.O. BOX 131   |   | eet address  |                     |                                   |                |                |
| CITY-ST-ZIP DUNNELLON, FL 34430   |   | r-ST-ZIP   |                     |                                   |                |                |
| TITLE D,VP  |   |  |                     |                                   |                |                |
| NAME BROCK, RAE   | Delete TITL   | <b>I</b>   |                     |                                   | ☐ Change       | Addition       |
| STREET ADDRESS P.O. BOX 1197  |   | EET ADDRESS  |                     | · -                               |                |                |
| CITY-ST-ZIP DUNNELLON, FL 34430   |   | '-ST-ZIP   |                     |                                   |                |                |
| TITLE S   | •   |  |                     |                                   |                |                |
| ·······   3   | □ <b>5</b> -1-1-  | r  |                     |                                   |                |                |
| NAME BROCK RAF  | ☐ Delete TITL   | l  | *                   |                                   | ☐ Change       | ☐ Addition     |
| NAME BROCK, RAE STREET ADDRESS P.O. BOX 1197  | NAM   | 1E   | н                   |                                   | ☐ Change       | ☐ Addition     |
| STREET ADDRESS P.O. BOX 1197  | NAM<br>Stre   | EET ADDRESS  | **                  |                                   | ☐ Change       |                |
| STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34430  | NAM<br>Stre<br>City                                     | EET ADDRESS<br>'-S1-ZIP                            |                     |                                   |                | _              |
| STREET ADDRESS P.O. BOX 1197 CITY-ST-ZIP DUNNELLON, FL 34430 TITLE D  | NAM<br>STRE<br>CITY<br>Delete TITLE                     | NE<br>EET ADDRESS<br>'- S1- ZIP                    |                     |                                   | ☐ Change       | Addition       |
| STREET ADDRESS         P.O. BOX 1197           CITY-ST-ZIP         DUNNELLON, FL 34430           TITLE         D           NAME         BOSTIC, CECELIA | NAM STRE CITY  Delete TITLE NAM                         | IE<br>EET ADDRESS<br>ST-ZIP<br>E                   |                     |                                   |                | _              |
| STREET ADDRESS P.O. BOX 1197  CITY-ST-ZIP DUNNELLON, FL 34430  IIILE D  NAME BOSTIC, CECELIA  STREET ADDRESS P.O. BOX 1197                              | NAM STRE CITY Delete TITLI NAM STRE                     | EET ADDRESS  EET ADDRESS  EET ADDRESS              |                     |                                   |                | _              |
| STREET ADDRESS  | NAM<br>STRE<br>CITY Delete TITLI<br>NAM<br>STRE<br>CITY | EET ADDRESS  '-ST-ZIP  EET ADDRESS  -ST-ZIP        |                     |                                   | ☐ Change       | ☐ Addition     |
| STREET ADDRESS P.O. BOX 1197 DUNNELLON, FL 34430  IITLE D NAME BOSTIC, CECELIA P.O. BOX 1197 DUNNELLON, FL 34430  TITLE D TITLE D                       | NAM STRE CITY Delete TITLE NAM STRE CITY Delete TITLE   | EET ADDRESS (*-ST-ZIP EET ADDRESS -ST-ZIP EE       | •                   |                                   |                | _              |
| STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34430  IITLE D NAME BOSTIC, CECELIA P.O. BOX 1197 DUNNELLON, FL 34430  TITLE D NAME HAZLEGROVE, DIANE          | NAM STRE CITY Delete TITLE NAM STRE                     | EET ADDRESS  '-ST-ZIP  EET ADDRESS  -ST-ZIP  E     | •                   |                                   | ☐ Change       | ☐ Addition     |
| STREET ADDRESS P.O. BOX 1197 DUNNELLON, FL 34430  IITLE D NAME BOSTIC, CECELIA P.O. BOX 1197 DUNNELLON, FL 34430  TITLE D TITLE D                       | NAM STRE CITY Delete TITLE NAM STRE                     | EET ADDRESS (*-ST-ZIP EET ADDRESS -ST-ZIP EE       | •                   |                                   | ☐ Change       | ☐ Addition     |

indicated on this report or supplies with this filling does not quality 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Eileen T. Brock SIGNATURE: ( 352 489 7839