


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90033 021 ***150.00

DOCUMENT # P05000081988					
1. Entity Name JOY REES, INC.					
Principal Place of Business 9025 RED GOLD LANE SUITE E ORLANDO, FL 32818 US			Mailing Address 9025 RED GOLD LANE SUITE E ORLANDO, FL 32818 US		
2. Principal Place of Business 9025 Red Gold Ln. Suite, Apt. #, etc.		3. Mailing Address 9025 Red Gold Ln. Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando, FL		4. FEI Number 20-2974930	
Zip 32818		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REES, JOY F 9025 RED GOLD LANE SUITE E ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name: Joy F Rees Street Address (P.O. Box Number is Not Acceptable): 9025 Red Gold Ln. City: Orlando FL Zip Code: 32818		
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: _____ (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. <input type="checkbox"/> \$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	P REES, JOY F 9025 RED GOLD LANE ORLANDO, FL 32818		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Joy F. Rees</u> 1/20/2006 407 445 9120					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					