


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000155107		
1. Entity Name JOANNCO, INC.		

FILED

2007 OCT 10 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4050 N.E. 28TH COURT OCALA, FL 34479	Mailing Address 4050 N.E. 28TH COURT OCALA, FL 34479
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2. Principal Place of Business - No P.O. Box # 4041 N.E. 28 CT.	3. Mailing Address 4041 N.E. 28 CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



10052007 REIN-P CR2E098 (1/07)

City & State Ocala FL	City & State Ocala FL
Zip 34479	Zip 34479
Country marion	Country marion

4. FEI Number 03-0575986	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TUCCI, GREGORY E ESQ. 225 NE EIGHTH AVENUE OCALA, FL 34470	7. Name and Address of New Registered Agent Name Scharfschwerdt, Jack E. Street Address (P.O. Box Number is Not Acceptable) 4041 N.E. 28 CT. City Ocala FL Zip Code 34479
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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: *Jack E. Scharfschwerdt* Jack E. Scharfschwerdt Director 10-8-2007  
Signature, typed 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 January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHARFSCHWERDT, JACK E 4050 N.E. 28TH COURT OCALA, FL 34479 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900110605809 10/10/07--01054--009 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Jack E. Scharfschwerdt* Jack E. Scharfschwerdt 10-8-07 352-629-0115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #