

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90031 001 \*\*\*150.00

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02272007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000082680</b> 1. Entity Name JOSKEL'S INC.					
Principal Place of Business 240 S. PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236			Mailing Address 240 S. PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # 5317 Fruitville Road		3. Mailing Address P.O. Box 162			
Suite, Apt. #, etc. P.O. Box 162		Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34232	Country		Zip 34232	Country	
6. Name and Address of Current Registered Agent  DOERR, KENNETH D 240 S. PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 AINSWORTH, MICHAEL J C/O 240 S. PINEAPPLE AVE 10TH FLOOR SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Ainsworth, Michael R. 5317 Fruitville Rd, P.O. Box 162 Sarasota, FL 34232	
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	
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	
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	
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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 <u>Michael R. Ainsworth</u> Michael R. Ainsworth, President 03/18/07 941-371-0262 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					