


2008 FOR PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # P07000102400
 1. Entity Name
JOYCE'S ITALIAN ICES OF FLORIDA INC



Principal Place of Business
**4 WINTERS LANDING DRIVE
 OAKLAND, FL 34787**

Mailing Address
**4 WINTERS LANDING DRIVE
 OAKLAND, FL 34787**

FILED
08 SEP 19 PM 4:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
Mile Marker 261

3. Mailing Address
Turkey Lake Service Plaza

Suite, Apt. #, etc.

08312008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
Orlando, FL

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**JENSEN, JOYCE H
 4 WINTERS LANDING DRIVE
 OAKLAND, FL 34787**

7. Name and Address of New Registered Agent

Name
SAME

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JENSEN, JOYCE H	
STREET ADDRESS	4 WINTERS LANDING DR.	
CITY-ST-ZIP	OAKLAND, FL 34787	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	HEISS, MARK A	
STREET ADDRESS	4 WINTERS LANDING DR	
CITY-ST-ZIP	OAKLAND, FL 34787	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	HEISS, TIFFANY A	
STREET ADDRESS	4 WINTERS LANDING DR	
CITY-ST-ZIP	OAKLAND, FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000136517400
10/01/08--01017--014 **150.00

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: _____ **6 Sept 08**
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #