

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000006020</b> 1. Entity Name <b>JOY ORCHIDS, INC.</b>					
Principal Place of Business <b>6060 CASSON STREET BROOKVILLE FL 34604 US</b>			Mailing Address <b>6060 CASSON STREET BROOKVILLE FL 34604 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3151800</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FOWLER, JOYCE G 6060 CASSON STREET BROOKSVILLE FL 34609</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code         </span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOWLER, JOYCE G		NAME		
STREET ADDRESS	6060 CASSON STREET		STREET ADDRESS		
CITY - ST - ZIP	BROOKSVILLE FL		CITY - ST - ZIP		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOWLER, DAVID G		NAME		
STREET ADDRESS	6060 CASSON		STREET ADDRESS		
CITY - ST - ZIP	BROOKSVILLE FL 34609		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>JOYCE G. FOWLER</u> <u>Joyce G. Fowler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-14-05 (352) 799-8369 <small>Date Daytime Phone #</small>		



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3151800** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**FOWLER, JOYCE G  
6060 CASSON STREET  
BROOKSVILLE FL 34609**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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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 May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE	ST <input type="checkbox"/> Delete
NAME	FOWLER, JOYCE G
STREET ADDRESS	6060 CASSON STREET
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	DV <input type="checkbox"/> Delete
NAME	FOWLER, DAVID G
STREET ADDRESS	6060 CASSON
CITY - ST - ZIP	BROOKSVILLE FL 34609
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	
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	
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CITY - ST - ZIP	
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SIGNATURE: JOYCE G. FOWLER Joyce G. Fowler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05 (352) 799-8369  
Date Daytime Phone #