


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90012 033 \*\*\*150.00

DOCUMENT # P93000047626	
1. Entity Name JOSEPH M. JOSEPH ASSOCIATES, INC.	

Principal Place of Business 4241 BAYMEADOWS ROAD SUITE 5 JACKSONVILLE, FL 32217 US	Mailing Address 4241 BAYMEADOWS ROAD SUITE 5 JACKSONVILLE, FL 32217 US
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2. Principal Place of Business <i>6820 St. Augustine Rd</i> Suite, Apt. #, etc.	3. Mailing Address <i>6820 St. Augustine Rd</i> Suite, Apt. #, etc.
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City & State <i>Jacksonville, FL</i>	City & State <i>Jacksonville, FL</i>
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Zip <i>32217</i>	Country <i>US</i>	Zip <i>32217</i>	Country <i>U.S.</i>
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02102004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent FREEDMAN, NORMAN P. 525 NORTH NEWNAN STREET JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, JOSEPH M 4241 BAYMEADOWS ROAD, SUITE 5 JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6820 St. Augustine Road Jacksonville, FL 32217</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARE, PAMELA J. 4241 BAYMEADOWS ROAD, SUITE 5 JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6820 St. Augustine Road Jacksonville, FL 32217</i>
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
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 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: *Joseph M. Joseph* **JM Joseph, Pres 2/11/04 9044482500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #