

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P93000050058

**1. Entity Name
JOYNER'S CALADIUMS, INC.**



Principal Place of Business

**1216 COUNTY ROAD 29
LAKE PLACID, FL 33852**

Mailing Address

**1216 COUNTY ROAD 29
LAKE PLACID, FL 33852**

DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0426532

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUMMERALL, GEORGE
1216 COUNTY ROAD 29
LAKE PLACID, FL 33852**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

U000000066542
02/26/04-90020-011 150.00

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DP
SUMMERALL, GEORGE
1216 COUNTY ROAD 29
LAKE PLACID, FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DST
SUMMERALL, BEVERLY
1216 COUNTY ROAD 29
LAKE PLACID, FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George Summerall **George Summerall** 2-23-04 862-965-2847