2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000050058

1. Entity Name
JOYNER'S CALADIUMS, INC.

Principal Place of Business	Mailing Address
1216 COUNTY ROAD 29	1216 COUNTY ROAD 29
LAKE PLACID, FL 33852	LAKE PLACID, FL 33852

DO NOT WRITE IN THIS SPACE

02012007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0426532	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

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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 _____

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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SUMMERALL, GEORGE
STREET ADDRESS	1216 COUNTY ROAD 29
CITY-ST-ZIP	LAKE PLACID, FL

TITLE	DST
NAME	SUMMERALL, BEVERLY
STREET ADDRESS	1216 COUNTY ROAD 29
CITY-ST-ZIP	LAKE PLACID, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000650932
03/08/07-80033-012 150.00

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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: *George Summerall* George Summerall 2-23-07 863-465-2851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #