


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90057 043 ***150.00

DOCUMENT # P94000079367

1. Entity Name
JOANDY ROAD PARTNERSHIP CORPORATION




Principal Place of Business: **13361 ATLANTIC BLVD. JACKSONVILLE, FL 32225 US**

Mailing Address: **% GREG MORRIS 2325 ULMERTON RD., STE 20 CLEARWATER, FL 33762 US**

DO NOT WRITE IN THIS SPACE

02009508



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3290377** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRIS, GREGORY D
 2325 ULMERTON RD
 SUITE 20
 CLEARWATER, FL 33762**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DODSON, THOMAS J
STREET ADDRESS	13361 ATLANTIC BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32225
TITLE	VPST
NAME	WOOD, RENE M.
STREET ADDRESS	5401 W KENNEDY BLVD., SUITE 751
CITY - ST - ZIP	TAMPA, FL 33609
TITLE	VP
NAME	MORRIS, GREG
STREET ADDRESS	2325 ULMERTON RD STE., #20
CITY - ST - ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE 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]* **VP** Date: 2/19/04 Daytime Phone #: 727-576-6424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR