


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DODSON, THOMAS J 13361 ATLANTIC BLVD JACKSONVILLE, FL 32225	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST WOOD, RENE M. 5401 W KENNEDY BLVD., SUITE 751 TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MORRIS, GREG 2325 ULMERTON RD STE.,#20 CLEARWATER, FL 33762	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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><i>Gregory D. Morris</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/26/05</u> <u>727.576.6424</u> Date Daytime Phone #