


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000036780</b> 1. Entity Name JOYNER LUMBER & SUPPLY CO.	
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Principal Place of Business 301 S CENTRAL AVE LAKELAND, FL 33802	Mailing Address 301 S CENTRAL AVE LAKELAND, FL 33802
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<b>DO NOT WRITE IN THIS SPACE</b>
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01252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3375894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  JOYNER, TOM 301 SO. CENTRAL AVENUE LAKELAND, FL 33802
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOYNER, TOM 301 S. CENTRAL AVE LAKELAND, FL 33802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OSTEEN, ALLEN 308 AVENUE A FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OSTEEN, DON 308 AVE A FORT PIERCE, FL 34950
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<p>U00000828330 02/25/08-80007-023 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2/08/08</b> <small>Date</small>	 <small>Daytime Phone #</small>
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