



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90436 039 \*\*\*150.00

<b>DOCUMENT # P96000050890</b> 1. Entity Name <b>FLO-JOE, INC.</b>					
Principal Place of Business <b>220 TALLEYRAND AVE JACKSONVILLE, FL 32202</b>			Mailing Address <b>220 TALLEYRAND AVE JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business <b>1846 Margaret St</b> Suite, Apt. #, etc. <b>1B</b>		3. Mailing Address <b>1846 Margaret St</b> Suite, Apt. #, etc. <b>1B</b>			
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville FL</b>		4. FEI Number <b>59-3382553</b>	
Zip <b>32204</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HYMAN, FLORA B 220 TALLEYRAND AVE JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not acceptable) <b>1846 Margaret St</b> <b>Apt 1B</b> City <b>Jacksonville</b> <b>FL</b> <b>32204</b>	
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>HYMAN, FLORA B</b> <b>220 TALLEYRAND AVE</b> <b>JACKSONVILLE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C, P, T, D</b> <b>1846 Margaret St Apt 1B</b> <b>Jacksonville, FL 32204</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HYMAN, FLORA B</b> <b>220 TALLEYRAND AVE</b> <b>JACKSONVILLE, FL 32202</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>CARTER, MIRIAM S</b> <b>220 TALLEYRAND AVE</b> <b>JACKSONVILLE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROGOW, LEELA</b> <b>228 TALLEYRAND AVE</b> <b>JACKSONVILLE, FL 32202</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Alyce G. Adkins (Sec)</b> <b>#301 Willingham Way</b> <b>Columbia SC 29206</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>Flora B. Hyman</u> Flora B. Hyman, Pres. 4/30/04 (904) 384-8405</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					