

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90266 040 ***150.00

| | | | |
|---|---|---|---|
| DOCUMENT # P97000006418 1. Entity Name JORIC, INC. | | | |
| Principal Place of Business 2212 E 4TH AVE TAMPA, FL 33605 | | Mailing Address 2212 E 4TH AVE TAMPA, FL 33605 | |
| 2. Principal Place of Business 14241 60th St. N | | 3. Mailing Address 601 Jefferson Davis Hwy | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 20 | |
| City & State Clearwater, FL | | City & State Fredericksburg, VA | |
| Zip 33760 | Country USA | Zip 22401 | Country USA |
| 4. FEI Number 59-3428444 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DRAKEFORD, WALTER H 2212 E 4TH AVE TAMPA, FL 33605 | | 7. Name and Address of New Registered Agent Name Drakeford, Walter H. Street Address (P.O. Box Number is Not Acceptable) 14241 60th St - N City Clearwater FL Zip Code 33760 | |
| 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 WALTER DRAKEFORD DATE 4-18-05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P LABARBERA, CIRO A 2212 E 4TH AVE TAMPA, FL 33605 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LABARBERA, JOANN 2212 E 4TH AVE TAMPA, FL 33605 <input type="checkbox"/> Delete | 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: JOANN LABARBERA | | Date 4-12-05 Daytime Phone # | |