

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90027 024 \*\*\*150.00

**DOCUMENT # P97000008840**

1. Entity Name  
JOY'S ICE CREAM PLUS, INC.



Principal Place of Business  
3010 SOUTH U.S. 1  
FT. PIERCE, FL 34952

Mailing Address  
3010 SOUTH U.S. 1  
FT. PIERCE, FL 34952



03262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0724664

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

VILLAREAL, JOSEPH  
225 N.W. VIRGO COURT  
PORT ST. LUCIE, FL 34983

**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

*Joseph Villareal*

*Joseph Villareal*

*4/2/04*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	P/ST
NAME	VILLAREALE, JOSEPH
STREET ADDRESS	225 N.W. VIRGO COURT
CITY-ST-ZIP	PORT ST. LUCIE, FL <del>34952</del> 34983
TITLE	D
NAME	VILLAREALE, JOSEPH
STREET ADDRESS	225 N.W. VIRGO COURT
CITY-ST-ZIP	PORT ST. LUCIE, FL <del>34952</del> 34983
TITLE	VICE PRESIDENT
NAME	JOY VILLAREALE
STREET ADDRESS	225 N.W. VIRGO CT.
CITY-ST-ZIP	PORT ST. LUCIE FL. 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*Joseph Villareal*

*4/2/04 (772) 461-5544*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #