≠2006 FOR PROFIT CORPORATIONANNUAL REPORT

FILED Apr 14, 2006 08:00 AM Secretary of State

4/12/06 Dayline Prove 8

ANNOAL REFORT				Apr 14, 2000 00:00 AN	
1. Entity Nar	MENT # P970000487 BY JOE, INC.	7 07			etary of State
533 HIGH P	ce of Business NNES CT IOR, FL 34683	Mailing Address 533 HIGH PINES CT PALM HARBOR, FL 34683		1 (\$41)442 (10 141)((441) 441)(841)	
E	OO NOT WRITE		CE	04062006 No Chg P 4. FEI Number 59-3450904 5. Certificate of Status Desired	CR2E034 (11/05) Applied For Not Applicable 1 \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent			
	JOSEPH PINES CT RBOR, FL 34683			DO NÔT V IN THIS S	
	named entity submits this statement for the	ne purpose of changing its registere	ed affice or register	ed agent, or both, in the State of	Florida. I am familiar with, and accept
•			}		**
SIGNATURE.	Signature, typed or printed name of registered agent and	itte il applicable (NOTE Registered	Agent signature required	when reinstating)	STAC)
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finant Trust Fund Contribution.		00 May Be 04/27/06 d to Fees	1508068 -80086-025 150 .00
10.	OFFICERS AND OIL	RECTORS		′	
Trile Name Street address City-St-Zip	D SIMONE, JOSEPH 533 HIGH PINES CT PALM HARBOR, FL 34683	;			· ·
Title Name Sireet Address City-St-Zip			:		{ · · :
TITLE MAME STREET ADDRESS CHY-ST-ZIP			}	DO NOT V	VRITE
TITLE VAME STREET ADDRESS STY-ST-ZIP			}	IN THIS S	PACE
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rile Vame Jreen Normess Viy-St-Zip			2		{ : ·

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE AND WHEEL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _