


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90126 039 ***150.00

DOCUMENT # P97000095904 1. Entity Name JOANN'S SURPRISE, INC.	
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Principal Place of Business 516 CAMDEN AVE. STUART, FL 34994	Mailing Address 516 CAMDEN AVE. STUART, FL 34994
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04042005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
ANDERSON, WILLIAM D JR. 516 CAMDEN AVE. STUART, FL 34994	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">D ANDERSON, WILLIAM D JR. 516 CAMDEN AVE. STUART, FL 34994</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	D ANDERSON, WILLIAM D JR. 516 CAMDEN AVE. STUART, FL 34994	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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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: William D. Anderson 4/6/05 772-283-2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #