

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000034941

Entity Name: JOEY KARSON, INC.

FILED  
Feb 03, 2005  
Secretary of State

## Current Principal Place of Business:

2622 BRYCE LANE  
SARASOTA, FL 34231

## New Principal Place of Business:

15 PARADISE PLAZA  
374  
SARASOTA, FL 34239

## Current Mailing Address:

15 PARADISE PLAZA  
217  
SARASOTA, FL 34239

## New Mailing Address:

15 PARADISE PLAZA  
374  
SARASOTA, FL 34239

FEI Number: 59-3512406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIDSON, STUART PRES  
15 PARADISE PL.  
217  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

DAVIDSON, STUART PRES  
15 PARADISE PL.  
374  
SARASOTA, FL 34239 US

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.

SIGNATURE:

02/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: DAVIDSON, STUART  
Address: 15 PARADISE PL. #217  
City-St-Zip: SARASOTA, FL 34239

Title: VP ( ) Delete  
Name: STARK, KIM  
Address: 15 PARADISE PL #217  
City-St-Zip: SARASOTA, FL 34239

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: DAVIDSON, STUART  
Address: 15 PARADISE PL. #374  
City-St-Zip: SARASOTA, FL 34239

Title: VP (X) Change ( ) Addition  
Name: STARK, KIM  
Address: 15 PARADISE PL #374  
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART DAVIDSON

PRES

02/03/2005

Electronic Signature of Signing Officer or Director

Date