


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90164 006 \*\*\*158.75

**DOCUMENT # P98000078289**

1. Entity Name  
**"JOSHUA" REALTY & INVESTMENTS, INC.**



Principal Place of Business  
 1778 GLENHAVEN CIR.  
 OCOEE, FL 34761

Mailing Address  
 1773 GLENHAVEN CIR.  
 OCOEE, FL 34761

**20048145**

2. Principal Place of Business  
**832 N. JOHN ST**

3. Mailing Address  
**1773 GLENHAVEN CIR**

Suite, Apt. #, etc.



04222005 Chg-P CR2E034 (10/03)

City & State  
**ORLANDO, FLORIDA**

City & State  
**OCOEE, FLORIDA**

Zip  
**32808**

Country  
**USA**

Zip  
**34761**

Country  
**USA**

4. FEI Number  
**65-0978839**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRISON, MICHAEL A**  
**1773 GLENHAVEN CIR.**  
**OCOEE, FL 34761**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	HARRISON, MICHAEL A 1773 GLENHAVEN CIR. OCOEE, FL 34761	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SD	HARRISON, DEBBIE G 2934 E. MISSIONWOOD CIR MIRAMAR, FL 33025	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	HARRISON, MIKE 1773 GLENHAVEN CIR. OCOEE, FL 34761	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: MICHAEL A. HARRISON 4-22-2005 407-822-3908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #