2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000084350

1. Entity Name
JOSEPH MOTORS, INC.

Principal Place of Business	Mailing Address
3003 S COMBEE RD	3003 S COMBEE RD
LAKELAND, FL 33803	LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

03162004   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-3535352
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PUTNAM, ABEL A ESQ
500 S FLORIDA AVE., #300
CORAL GABLES, FL 33134

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
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	PD
NAME	JOSEPH, PHILLIP K
STREET ADDRESS	6015 SWEET GUM RUN
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	VTD
NAME	JOSEPH, VARGHESE K
STREET ADDRESS	6015 SWEET GUM RUN
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	SD
NAME	JOSEPH, KURUVILLA
STREET ADDRESS	6015 SWEET GUM RUN
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000093107
03/22/04-80004-025 150.00

DO NOT WRITE
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: _____   3-16-04   863-665-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #