07-05-2005 90111 036 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P98000084350

1. Entity Name
JOSEPH MOTORS, INC.

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

DO NOT WRITE IN THIS SPACE

06282005 No Chg-P CR2E034 (10/03) 05

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

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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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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~~ 4929 Ironwood Tr
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	SD
NAME	JOSEPH, KURUVILLA
STREET ADDRESS	~~6015 SWEET GUM RUN~~ 5203 Creekmar DR
CITY-ST-ZIP	~~BARTOW, FL 33830~~ Lakeland, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] 6/28/05 863-665-2800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

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