


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000103558
 1. Entry Name
 AR-JOY OF TAMPA, INC.



Principal Place of Business 3641 W KENNEDY BLVD STE A TAMPA, FL 33609 US	Mailing Address 3641 W KENNEDY BLVD STE A TAMPA, FL 33609 US
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3563088	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 BARNETT, LESLIE J
 BARNETT, BOLT, KIRKWOOD & LONG
 601 BAYSHORE BLVD., STE 700
 TAMPA, FL 33606

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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 _____ (NOTE: Registered Agent Signature required when re-registering) 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

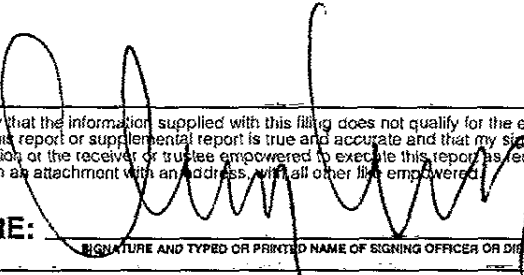
U00000115660
 04/16/04-80031-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, ARIC 1200 SHEPPARD AVENUE EAST #106 WILLOWDALE ONTARIO CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, JOY 1200 SHEPPARD AVENUE EAST #106 WILLOWDALE ONTARIO CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, CLIFF 4932 ST. CROIX DRIVE TAMPA, FL 33629
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 firm empowered.

SIGNATURE:  **CLIFF LEVY** 4/12/04 (813)353-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #