
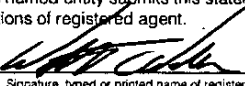
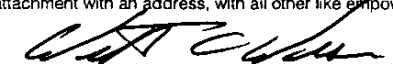


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90007 032 \*\*\*150.00

<b>DOCUMENT # P99000012896</b> 1. Entity Name <b>JOINT ACQUISITION, INC.</b>					
Principal Place of Business <b>603 SIXTH STREET N.W. WINTER HAVEN, FL 33881</b>			Mailing Address <b>603 SIXTH STREET N.W. WINTER HAVEN, FL 33881</b>		
2. Principal Place of Business <b>250 MAGNOLIA AVENUE SW</b>		3. Mailing Address <b>250 MAGNOLIA AVENUE SW</b>			
Suite, Apt. #, etc. <b>SUITE 200 - SECOND FLOOR</b>		Suite, Apt. #, etc. <b>SUITE 200 - SECOND FLOOR</b>			
City & State <b>WINTER HAVEN, FL</b>		City & State <b>WINTER HAVEN, FL</b>		02172006 Chg-P CR2E034 (11/05)	
Zip <b>33880-2901</b>		Country <b>USA</b>		4. FEI Number <b>59-3555895</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>WATSON, WILLIAM C 603 SIXTH STREET N.W. WINTER HAVEN, FL 33881</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>250 MAGNOLIA AVENUE SW</b> <b>SUITE 200 - SECOND FLOOR</b> City <b>WINTER HAVEN, FL</b> Zip Code <b>33880-2901</b>		
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 		<b>WILLIAM C. WATSON, R.A.</b>		<b>FEBRUARY 21, 2006</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST WATSON, WILLIAM C 180 LAKE OTIS RD SE WINTER HAVEN, FL 33884</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>XXX Change <input type="checkbox"/> Addition</b> <b>250 MAGNOLIA AV SW, STE 200 - 2ND FLOOR WINTER HAVEN, FL 33880-2901</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 		<b>FEBRUARY 21, 2006</b>		<b>863-294-4149</b>	
Signature and typed or printed name of signing officer or director <b>WILLIAM C. WATSON, PRESIDENT</b>		Date		Daytime Phone #	