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2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2006 8:00 am Secretary of State DOCUMENT # P99000032459 1. Entity Name 02-16-2006 90062 045 ***150.00 JOSEPH BUILDERS, INC. Principal Place of Business Mailing Address PMB #208 3948 \$ 3RD \$T JACKSONVILLE FL 32250-5847 1715 HODGES BLVD JACKSONVILLE FL 32224 2. Principal Place of Business 3. Mailing Address 2395 GVING Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For NO-T APPLICABLE DCKSONIVILL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEFFIELD, J. HOWARD Street Address (P.O. Box Number is Not Acceptable) SHEFFIELD & BOATRIGHT, P.A. 6101 GAZEBO PARK PLACE NORTH, SUITE 103 JACKSONVILLE FL 32257 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 Signature, typers or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 💸 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE PD ☐ Delete TITLE Change JOSEPH, RAYMOND NAME NAME STREET ADDRESS #2311, 1715 HODGES BLVD #2311 STREET ADDRESS 2395 GVILLETON CREEK DR. W. CITY-ST-ZIP JACKSONVILLE FL 32224 City-St-ZiP Delete TITLE TITLE ☐ Change ☐ Addition NAME NEIROUZ, JOSEPH STREET ADDRESS STREET ADDRESS #2311-1715 HODGES BLVD #2311 CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP TITLE ☐ Nejete ☐ Change ___ ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z(P CITY-ST-7IP ☐ Defete ☐ Channe Addition TITLE TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition 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 exemptions contained in Section 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.

FILED

Date