2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000051871

1. Entity Name
STUFF N SUCH BY JOE, INC.

Principal Place of Business	Mailing Address
12850 E HIGHWAY 316	12850 E HIGHWAY 316
FORT MCCOY, FL 32134	FORT MCCOY, FL 32134

DO NOT WRITE IN THIS SPACE

04032008   No Chg-P   CR2E034 (11/05)

4. FEI Number   Applied For
59-3602560   Not Applicable

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

6. Name and Address of Current Registered Agent

HARRISON, JOSEPH M
12850 E HIGHWAY 316
FORT MCCOY, FL 32134

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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)

U000000805146
04/12/08-02002-008 150.00

FILE NOW!!! FEE IS $150.00	9. Election Campaign Financing	**$5.00** May Be
After May 1, 2008 Fee will be $550.00	Trust Fund Contribution. ☐	Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	HARRISON, JOSEPH M
STREET ADDRESS	12850 E HIGHWAY 316
CITY-ST-ZIP	FORT MCCOY, FL 32134

TITLE	D
NAME	HARRISON, JOSEPH M
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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 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.

SIGNATURE:× _Joseph M. Harrison_   × 4-4-08 ×352)2362871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #