
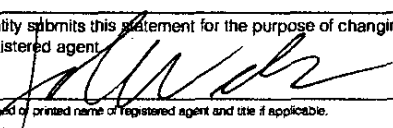
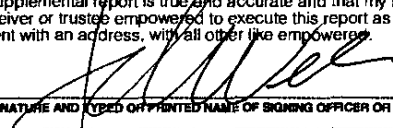


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90443 035 \*\*\*150.00

<b>DOCUMENT # P99000076335</b> 1. Entity Name <b>JOINT RESOURCE, INC.</b>			
Principal Place of Business <b>722 VIA BIANCA DR. DAVENPORT, FL 33896</b>		Mailing Address <b>722 VIA BIANCA DR. DAVENPORT, FL 33896</b>	
2. Principal Place of Business <b>631 BRYN MAWR ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>631 BRYN MAWR ST.</b> Suite, Apt. #, etc.	
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>	
Zip <b>32804</b>	Country <b>U.S.</b>	Zip <b>32804</b>	Country <b>US</b>
4. FEI Number <b>59-3601353</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WELLS, JOHN M 722 VIA BIANCA DR. DAVENPORT, FL 33896</b>		7. Name and Address of New Registered Agent Name <b>John Wells</b> Street Address (P.O. Box Number is Not Acceptable) <b>631 BRYN MAWR ST.</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32804</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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>4/28/04</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DPST WELLS, JOHN M 722 VIA BIANCA DR. DAVENPORT, FL 33896</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DPST John Wells M. 631 BRYN MAWR ST. ORLANDO FL 32804</b>	<input checked="" 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
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>4/28/04</b> DAYTIME PHONE # <b>407 925 5835</b>	