

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S44004</b>	
1. Entity Name <b>JOSEPH HOMES, INC.</b>	



Principal Place of Business <b>132 DEER LAKE DR PONTE VEDRA BEACH, FL 32082 US</b>	Mailing Address <b>132 DEER LAKE DR PONTE VEDRA BEACH, FL 32082 US</b>
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3103637</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

**SHEFFIELD, J. HOWARD  
4209 BAYMEADOWS RD.  
JACKSONVILLE, FL 32217**

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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 reinstating) DATE \_\_\_\_\_

<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>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>JOSEPH, CHARLES</b>
STREET ADDRESS <b>132 DEER LAKE DR</b>	
CITY-ST-ZIP <b>PONTE VEDRA BEACH, FL 32082</b>	
TITLE <b>VP</b>	NAME <b>JOSEPH, WYNDEE B</b>
STREET ADDRESS <b>132 DEER LAKE DR</b>	
CITY-ST-ZIP <b>PONTE VEDRA BEACH, FL 32082</b>	
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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IN THIS SPACE**

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: Wyndee Joseph **WYNDEE Joseph Vice Pres.** 1-20-04 9042802633

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