

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90095 002 *****8.75
02-04-2005 90095 001 ***150.00

DOCUMENT # V38436					
1. Entity Name JOIMO, INC.					
Principal Place of Business 2325 INTERSTATE AVENUE GRAND JUNCTION CO 81505			Mailing Address 2325 INTERSTATE AVENUE GRAND JUNCTION CO 81505		
2. Principal Place of Business 444 SEASONS DRIVE			3. Mailing Address 444 SEASONS DRIVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc. 9/0 VARECHA		
City & State GRAND JUNCTION CO.			City & State GRAND JUNCTION CO.		
Zip 81503	Country USA	Zip 81503	Country USA	4. FEI Number 65-0338367	
6. Name and Address of Current Registered Agent SHELTON, JOHN W. 340 ROYAL POINCIANA PLAZA PALM BEACH FL 33480				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				Applied For Not Applicable	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	DP SABEL, CRAIG 2325 INTERSTATE AVE GRAND JUNCTION CO 81505	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VARECHA, PAUL 2325 INTERSTATE AVE GRAND JUNCTION CO 81505	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VARECHA, DEBBIE 2325 INTERSTATE AVE GRAND JUNCTION CO 81505	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Debbie Varecha DEBBIE VARECHA 1/28/05 970-263-4102					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					