



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 470408			
1. Entity Name JER-BE-LOU DEVELOPMENT CORPORATION, INC.		Principal Place of Business 12 JER-BE-LOU BLVD PANACEA, FL 32346	
Mailing Address PO BOX 608 PANACEA, FL 32346		DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent DICKSON, WALTER B 97 N. LAKE ELLEN LANE CRAWFORDVILLE, FL 32327		DO NOT WRITE IN THIS SPACE	
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		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	P	 03162005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-1619314 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 1100000272612 03/22/05-80010-017 150.00	
NAME	DICKSON, WALTER B		
STREET ADDRESS	12 JER-BE-LOU BLVD		
CITY-ST-ZIP	PANACEA, FL 32346		
TITLE	SD		
NAME	DICKSON, W. BRENT		
STREET ADDRESS	12 JER-BE-LOU BLVD		
CITY-ST-ZIP	PANACEA, FL 32346		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Walter B. Dickson</u> Walter B. Dickson		3-17-05	850-984-5758
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>