## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Secretary of State **DOCUMENT # 470408** 05-04-2006 90216 005 \*\*\*150.00 JER-BE-LOU DEVELOPMENT CORPORATION, INC. Principal Place of Business Mailing Address PO BOX 608 PANACEA FL 32346 12 JER-BE-LOU BLVD PANACEA FL 32346 2. Principal Place of Business 3. Mailing Address 56 Jer-Be-Lou Blud Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State PANACEA Applied For City & State 4. FEI Number 59-1619314 Not Applicable Zip Country \$8.75 Additional 32346 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKSON, WALTER B 97 N. LAKE ELLEN LANE Street Address (P.O. Box Number is Not Acceptable) **CRAWFORDVILLE FL 32327** City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Defete DICKSON, WALTER B. 56 Jer-Be-LOU BIVd. TITLE Change Addition DICKSON, WALTER B NAME NAME STREET ADDRESS 12 JER-BE-LOU BLVD STREET ADDRESS PANACEA, FI. 32346 CITY-ST-ZIP PANACEA FL 32346 CITY-ST-ZIP VP/SD DICKSON W. BRENT 56 Ju. B. Jon Blod. **X** Addition ☐ Delete TITLE NAME DICKSON, W. BRENT NAME STREET ADDRESS 12 JER-BE-LOU BLVD STREET ADDRESS Pamacoa, F1. 32346 PANACEA FL 32346 CITY-ST-ZIP CITY+ST-7IP THILE Detate FITT F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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

W Brent Dickson

**FILED** 

May 04, 2006 8:00 am

850 - 984-5758