

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000005007

1. Entity Name  
JOE DICKERSON ENTERPRISES, INC.



Principal Place of Business  
215 UNION BLVD., SUITE 315  
LAKEWOOD, CO 80228

Mailing Address  
215 UNION BLVD., SUITE 315  
LAKEWOOD, CO 80228



06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
84-0981185

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

REVILL, LYNETTE  
5004 STURBRIDGE CT  
SARASOTA, FL 34238

**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 *Lynette Revill*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/12/05  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTC  
DICKERSON, JOE  
215 UNION BLVD., SUITE 315  
LAKEWOOD, CO 80228

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
DAILY, RICHARD W  
215 UNION BLVD., SUITE 315  
LAKEWOOD, CO 80228

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
ARCHER-DICKERSON, STEPHANIE  
215 UNION BLVD., SUITE 315  
LAKEWOOD, CO 80228

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

07/18/05-80002-014 \$550.00

**DO NOT WRITE  
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:

*JH Dickerson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JH Dickerson

7-1-05  
Date

303/864-9900  
Daytime Phone #