


FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90104 036 ***158.75

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

60022539



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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REVILL, LYNETTE 5004 STURBRIDGE CT SARASOTA, FL 34238				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL 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		<i>Lynette Revill</i>		DATE 2/28/06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERSON, JOE		NAME		
STREET ADDRESS	215 UNION BLVD., SUITE 315		STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD, CO 80228		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILY, RICHARD W		NAME		
STREET ADDRESS	215 UNION BLVD., SUITE 315		STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD, CO 80228		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHER-DICKERSON, STEPHANIE		NAME		
STREET ADDRESS	215 UNION BLVD., SUITE 315		STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD, CO 80228		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joe Dickerson</i>			Date: 1-13-06 303/864-9900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		