


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # J95065			
1. Entity Name JERUE, INC.			
Principal Place of Business 280 EAST MAIN STREET BARTOW, FL 33830		Mailing Address PO BOX 9007 BORTOW, FL 33831	
DO NOT WRITE IN THIS SPACE			
		01142004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2850750	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
MANN, JOHN L 105 SOUTH FLORIDA AVENUE LAKELAND, FL 33801		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			
TITLE	P		
NAME	JERUE, JOHN J.		
STREET ADDRESS	280 EAST MAIN STREET		
CITY- ST- ZIP	BARTOW, FL 33830		
TITLE	SVD		
NAME	CAMPANO, EUSEBIO L.		
STREET ADDRESS	280 EAST MAIN STREET		
CITY- ST- ZIP	BARTOW, FL 33830		
TITLE	SVD		
NAME	JERUE, JEFFERY		
STREET ADDRESS	280 EAST MAIN STREET		
CITY- ST- ZIP	BARTOW, FL 33830		
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: 		1-14-03	1963) 519-5678 EX 208
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>