

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064085

FILED  
Jan 11, 2004  
Secretary of State

Entity Name: THE CLEARY-DICKERT HOUSE, INC.

## Current Principal Place of Business:

1804 COPELAND ST.  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

1804 COPELAND ST.  
JACKSONVILLE, FL 32204

## New Mailing Address:

FEI Number: 59-3204953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLAGLE, SUSAN  
1201 SAN AMARO ROAD  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DICKERT, BETTY S  
Address: 1804 COPELAND ST.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Delete  
Name: CLEARY, JOSPEH  
Address: 1804 COPELAND ST.  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY SUE DICKERT

D

01/11/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date