


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P94000009039 1. Entity Name JOHN J. JERUE TRANSPORTATION, INC.	
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Principal Place of Business 280 EAST MAIN STREET BARTOW, FL 33830	Mailing Address PO BOX 9007 BARTOW, FL 33831
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3224403	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANN, JOHN L 105 SOUTH FLORIDA AVENUE LAKELAND, FL 33801
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**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 _____
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD JERUE, JOHN J 280 EAST MAIN STREET BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD JERUE, J. JEFFREY 280 EAST MAIN STREET BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVD CAMPANO, E. LUIS 280 EAST MAIN STREET BARTOW, FL 33830
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

U00000008060
01/20/04-80049-019 150.00

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: *E. Campano, S.V.P.* 1-14-03 (663) 519-5678 ext. 208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #