

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91034 047 \*\*\*150.00

<b>DOCUMENT # P94000050708</b> 1. Entity Name <b>JEFFREY L. DICKERSON, INC.</b>			
Principal Place of Business 12100 EAGLE TRACE BLVD N CORAL SPRINGS, FL 33071		Mailing Address 12100 EAGLE TRACE BLVD N CORAL SPRINGS, FL 33071	
2. Principal Place of Business <b>68 CACHE CAY DR.</b>		3. Mailing Address <b>68 CACHE CAY DR.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>VERO BEACH, FL</b>		City & State <b>VERO BEACH, FL</b>	
Zip <b>32963</b>		Zip <b>32963</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0523852</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DICKERSON, JEFFREY L</b> <b>12100 EAGLE TRACE BLVD N</b> <b>CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>68 CACHE CAY DR</b> City <b>VERO BEACH</b> <b>FL</b> Zip Code <b>32963</b>	
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)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b>	NAME <b>DICKERSON, JEFFREY L</b>	TITLE <b>68 CACHE CAY DR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>12100 EAGLE TRACE BLVD N</b>	CITY-ST-ZIP <b>CORAL SPRINGS, FL 33071</b>	STREET ADDRESS <b>VERO BEACH, FL</b>	CITY-ST-ZIP <b>32963</b>
TITLE <b>STD</b>	NAME <b>DICKERSON, SUSAN C</b>	TITLE <b>68 CACHE CAY DR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>12100 EAGLE TRACE BLVD N</b>	CITY-ST-ZIP <b>CORAL SPRINGS, FL 33071</b>	STREET ADDRESS <b>VERO BEACH, FL</b>	CITY-ST-ZIP <b>32963</b>
TITLE 	NAME 	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	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)(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.			
<b>SIGNATURE:</b>		<b>4/29/04 (772) 492-0824</b> Date Daytime Phone #	