2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # V30020

1. Entity Name
JERODE ENTERPRISES INC.

Principal Place of Business	Mailing Address
2222 N CYPRESS BEND DR SUITE PH2 POMPANO BEACH, FL 33069	783 FRANCOIS ARTEAU SAINTE- FOY QUEBEC, CANADA G1V-3G9,

01172004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0403295

Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAYEUR, LARRY 3332 CYP N
SUITE 408
SUITE 212
POMPANO BEACH, FL 33069

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LECLERC, ROLAND
STREET ADDRESS	2222 N CYPRESS BEND DR
CITY ST ZIP	POMPANO BEACH, FL
TITLE	V
NAME	MARTINEAU, JEAN
STREET ADDRESS	2222 N CYPRESS BEND DR
CITY ST ZIP	POMPANO BEACH, FL
TITLE	ST
NAME	LABRECQUE, DENIS
STREET ADDRESS	2222 N CYPRESS BEND DR
CITY ST ZIP	POMPANO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR