


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90056 045 ***158.75

DOCUMENT # V30020 1. Entity Name JERODE ENTERPRISES INC.					
Principal Place of Business 2222 N CYPRESS BEND DR SUITE PH2 POMPAÑO BEACH, FL 33069			Mailing Address 783 FRANCOIS ARTEAU SAINTÉ- FOY, QUEBEC G1V-3G9 CANADA, XX		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PAYEUR, LARRY 3332 CYP N SUITE 408 SUITE 212 POMPAÑO BEACH, FL 33069				7. Name and Address of New Registered Agent Name RAYMOND N. BELISLE Street Address (P.O. Box Number is Not Acceptable) 2221, NORTH CYPRESS BEND DRIVE #302 BUILDING 15 City POMPAÑO BEACH FL Zip Code 33069	
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 <u><i>Raymond N. Belisle</i></u> DATE <u>2/4/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LECLERC, ROLAND 2222 N CYPRESS BEND DR POMPAÑO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARTINEAU, JEAN 2222 N CYPRESS BEND DR POMPAÑO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LABRECQUE, DENIS 2222 N CYPRESS BEND DR POMPAÑO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u><i>Handwritten Signature</i></u> DATE <u>02/04/2008</u> DAYTIME PHONE # <u>954-9688245</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		