

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 386267 1. Entity Name RHOADES PEST CONTROL, INC.	
---	---

Principal Place of Business 3051 DIVIDING CREEK DRIVE SARASOTA, FL 34237	Mailing Address 3051 DIVIDING CREEK DRIVE SARASOTA, FL 34237
--	--

DO NOT WRITE IN THIS SPACE



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1358985	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RHOADES, JOHN B
3051 DIVIDING CREEK DR
SARASOTA, FL 34237**

**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 the filer (applicant) (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD RHOADES, CHAD S 4623 10TH ST. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TSD RHOADES, JEAN L 3051 DIVIDING CREEK DR SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD RHOADES, JOHN B 3051 DIVIDING CREEK DR SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

000000101433
04/02/04-80013-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Jean L. Rhoades Sec - Treas. 3/31/04 (941)955-1897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR