2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 386267

1. Entity Name
RHOADES PEST CONTROL, INC.

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

04172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

U00000322821
04/22/05-80028-022 150.00

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)(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: Jean L. Rhoades Jean L. Rhoades, Secr-Treas. 4/18/05 (941) 955-1897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #