2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 288578

1. Entity Name
CARROLL RHODEN, INC.

Principal Place of Business
8964 RHODEN LOOP RD W
FORT MEADE, FL 33841

Mailing Address
8964 RHODEN LOOP RD W
FORT MEADE, FL 33841

02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1117851

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RHODEN, CARROLL L., SR.
8964 RHODEN LOOP RD. W.
FT MEADE, FL 33841

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	RHODEN, CARROLL L., SR.
STREET ADDRESS	8964 RHODEN LOOP RD W
CITY-ST-ZIP	FT MEADE, FL 338419410
TITLE	VD
NAME	RHODEN, CARROLL L., JR.
STREET ADDRESS	8964 RHODEN LOOP RD. W.
CITY-ST-ZIP	FT MEADE, FL 33841
TITLE	STD
NAME	RHODEN, RALPH
STREET ADDRESS	8003 N CHRISTINA DR
CITY-ST-ZIP	LAKELAND, FL 33813
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 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: Carroll L. Rhoden Sr. 3/8/06 (863) 635-3124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CARROLL L RHODEN, SR