
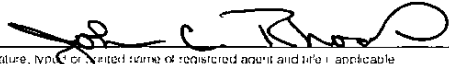


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90041 044 \*\*\*150.00

<b>DOCUMENT # 384592</b>			
1. Entity Name <b>JOHN V. RHOADS CONSTRUCTION, INC.</b>			
Principal Place of Business <b>6904 GEORGIA AVENUE WEST PALM BEACH FL 33405</b>		Mailing Address <del>6904 GEORGIA AVENUE</del> <b>WEST PALM BEACH FL 33405</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO BOX 6158</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>WEST PALM BEACH, FL</b>	
Zip	Country	Zip	Country
		<b>33405</b>	
6. Name and Address of Current Registered Agent  <b>RHOADS, JOHN C 6904 GEORGIA AVE WEST PALM BEACH FL 33405</b>		7. Name and Address of New Registered Agent Name <b>JOHN C. RHOADS</b> Street Address (P.O. Box Number is Not Acceptable)  <b>2322 23rd LANE</b> City <b>GREENACRES</b> <b>FL</b> Zip Code <b>33463</b>	
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  (NOTE: Registered Agent signature not required when registering)			



1st MOORE CR2E034 (10/06)

4. FEI Number **59-1362378** ☐ Applied For  
☐ Not Applicable

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PDT RHOADS, JOHN C. 2322 23RD LANE GREENACRES FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S RHOADS, LYNNE 2322 23RD LN GREENACRES FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07 561-310-2408  
Date Daytime Phone #