


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # 386267 1. Entity Name RHOADES PEST CONTROL, INC. |  |
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| Principal Place of Business 3051 DIVIDING CREEK DRIVE SARASOTA, FL 34237 | Mailing Address 3051 DIVIDING CREEK DRIVE SARASOTA, FL 34237 |
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04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 59-1358985 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RHOADES, JOHN B 3051 DIVIDING CREEK DR SARASOTA, FL 34237 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| 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 |
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| 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 | |

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04/28/08-80049-009 150.00

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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: Jean L. Rhoades Sec.-Treas. 4/14/08 (941) 955-1897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #