

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 417436</b> 1. Entity Name RHODES ACCOUNTING SERVICE INC	
---	---

Principal Place of Business 5411 STALEY DRIVE TAMPA, FL 33610	Mailing Address 5411 STALEY DRIVE TAMPA, FL 33610
---	---

**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1432453	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  RHODES, FRANCES M. 5411 STALEY DR TAMPA, FL 33637
--

**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RHODES, FRANCES M. 5411 STALEY DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARRANO, PATRICIA 617 VALLEY HILL DRIVE BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRONO, AMANDA 617 VALLEY HILL DR. BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000624728  
02/14/07-80047-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/6/07 813-626-5867 Daytime Phone #