

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:0
Secretary of Sta
ORIGINAL

DOCUMENT # 417436

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



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1432453

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

RECEIVED
MAR 11 2008

10. OFFICERS AND DIRECTORS

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

UD00000846617
03/18/08-80034-011 150.00

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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

2/8/08 813-626-5867

Date

Daytime Phone #