

2007. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90387 021 ***150.00

DOCUMENT # G37637

1. Entity Name

ALLEN D. ROHDE, INC.



Principal Place of Business

17598 ROCKEFELLER CIRCLE
SUITE 101
FT MYERS FL 33912
US

Mailing Address

17598 ROCKEFELLER CIRCLE
SUITE 101
FT MYERS FL 33912
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

33967-5846

Country

Zip

33967-5846

Country

4. FEI Number

59-2326954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROHDE, ALLEN D.
18196 DUPONT DRIVE SE
FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

TITLE PD ☐ Delete
NAME ROHDE, ALLEN
STREET ADDRESS 18196 DUPONT DRIVE SE
CITY- ST- ZIP FORT MYERS FL 33912-6111

TITLE STD ☐ Delete
NAME ROHDE, MARY
STREET ADDRESS 18196 DUPONT DRIVE SE
CITY- ST- ZIP FORT MYERS FL 33912-6111

TITLE V ☒ Delete
NAME YEOMANS, GAIL
STREET ADDRESS 20430 WELBORN RD
CITY- ST- ZIP NORTH FORT MYERS FL 33917-4934

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

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:

Allen D. Rohde

ALLEN D. ROHDE

04/18/07

(239) 267-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #