


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H30423**  
 1. Entity Name  
**THOMAS R. RHODEN AGENCY, INC.**



Principal Place of Business <b>% THOMAS RILEY RHODEN          515 6TH STREET SOUTH          MACCLENNY, FL 32063</b>	Mailing Address <b>% THOMAS RILEY RHODEN          515 6TH STREET SOUTH          MACCLENNY, FL 32063</b>
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03062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FET Number **59-1658417** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RHODEN, THOMAS RILEY  
 515 S 6TH ST  
 MACCLENNY, FL 32063**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RHODEN, TINA MARIE 515 6TH STREET S MACCLENNY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHODEN, THOMAS 515 S 6TH ST MACCLENNY, FL
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 04/25/06-80006-021 150.00

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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 filers empowered.

**SIGNATURE:**  **Thomas R. Rhoden** 4/5/06 904-259-6431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #