

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State



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

Principal Place of Business
 % THOMAS RILEY RHODEN
 515 6TH STREET SOUTH
 MACCLENNY, FL 32063

Mailing Address
 % THOMAS RILEY RHODEN
 515 6TH STREET SOUTH
 MACCLENNY, FL 32063

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI 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

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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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: STD
 NAME: RHODEN, TINA MARIE
 STREET ADDRESS: 515 6TH STREET S
 CITY-ST-ZIP: MACCLENNY, FL

TITLE: PD
 NAME: RHODEN, THOMAS
 STREET ADDRESS: 515 S 6TH ST
 CITY-ST-ZIP: MACCLENNY, FL

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
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TITLE: _____
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 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 03/27/07-80049-014 150.00

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

3/14/07 904-259-10431
Date Daytime Phone #