

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90044 034 ***150.00

DOCUMENT # J59311

1. Entity Name

RHODES MARINE SURVEYORS AND CONSULTANTS, INC.



Principal Place of Business

4701 N FEDERAL HWY
S-340, BOX C-8
LIGHTHOUSE POINT FL 33064
US

Mailing Address

4701 N FEDERAL HWY
S-340, BOX C-8
LIGHTHOUSE POINT FL 33064
US



2. Principal Place of Business

10302 S. Federal Hwy

3. Mailing Address

Same as 2

Suite, Apt. #, etc.

Suite 285

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34952

Country

St. Lucie

Zip

Country

4. FEI Number

59-2777202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

RHODES, JOHN M
4701 N. FEDERAL HWY #340 BOX C-8
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name

Rhodes Marilyn M.

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

10302 S. Federal Hwy.

Suite 285

City

Port St. Lucie

FL

Zip Code

34952

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

Marilyn M. Rhodes President Marilyn M. Rhodes

2-8-06

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, 2006 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	P	<input checked="" type="checkbox"/> Delete
NAME	RHODES, JOHN M	
STREET ADDRESS	1646 SE BALLANTRAE BLVD., N.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RHODES, STEPHEN MICHAEL	
STREET ADDRESS	1201 RIVER REACH DR 119	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rhodes Marilyn M.	
STREET ADDRESS	1646 SE Ballantrae Blvd N	
CITY-ST-ZIP	Port Saint Lucie FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Marilyn M. Rhodes President Marilyn M. Rhodes

2-8-06 772-398-0860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #