

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

06-08-2007 90001 018 ***150.00

DOCUMENT # J59311 1. Entity Name RHODES MARINE SURVEYORS AND CONSULTANTS, INC.					
Principal Place of Business 10302 S FEDERAL HWY, STE 285 NEW PORT RICHEY, FL 34652 US <i>Port St. Lucie 34952</i>			Mailing Address 4701 N FEDERAL HWY S-340, BOX C-8 LIGHTHOUSE POINT, FL 33064 US		
2. Principal Place of Business - No P.O. Box # 10302 S Federal Hwy			3. Mailing Address 10302 S Federal Hwy		
Suite, Apt. #, etc. Suite 285			Suite, Apt. #, etc. Suite 285		
City & State Port St. Lucie FL			City & State Port St. Lucie FL		
Zip 34952			Zip 34952		
Country St. Lucie			Country St. Lucie		
6. Name and Address of Current Registered Agent RHODES, MARILYN M 10302 S FEDERAL HWY, STE 285 PORT ST. LUCIE, FL 34652				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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: <i>Marilyn M. Rhodes</i> DATE: <i>6-6-07</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHODES, MARILYN M 1646 SE BALLANTRAE BLVD N PORT SAINT LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Marilyn M. Rhodes President</i> <i>Marilyn M. Rhodes</i> <i>6/6/07</i> <i>398-0860</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT

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

40120185

2. Principal Place of Business

10302 S. Federal Hwy

3. Mailing Address

Same as 2

1st MOORE

CR2E034 (10/05)

Suite, Apt. #, etc.

Suite 285

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

4. FEI Number

59-2777202

Applied For

Not Applicable

Zip

34952

Country

St. Lucie

Zip

Country

-

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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SIGNATURE

Marilyn M. Rhodes, President Marilyn M. Rhodes

2-8-06

Signature, typewritten printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

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 ☒ Delete

NAME RHODES, JOHN M
STREET ADDRESS 1646 SE BALLANTRAE BLVD., N.
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE VP ☒ Delete

NAME RHODES, STEPHEN MICHAEL
STREET ADDRESS 1201 RIVER REACH DR 119
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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 President
Rhodes, Marilyn M.
STREET ADDRESS 1646 SE BallantRae Blvd N
CITY-ST-ZIP Port Saint Lucie FL 34952

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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.