## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K04901

FILED Feb 13, 2007 Secretary of State

Entity Name: RHODES BROTHERS, INC.

	-	e of Business:	New Fillicipal Flac	New Principal Place of Business:	
	BAYA DRIVE Y, FL 32025	US			
Current Mailing Address:			New Mailing Address:		
	BAYA DRIVE Y, FL 32025	US			
El Number:	: 59-2862044	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
ame and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
38 SE TŔ	DWIGHT E. RIBBLE ST. Y, FL 32025	US			
		submits this statement for the r	ournose of changing its register	red office or registered agent, or both,	
	e named entity e of Florida.	submits this statement for the p	dipose of changing its register	red office of registered agent, or both,	
	e of Florida.	Submits this statement for the p	nurpose of changing its register	red office of registered agent, or both,	
the State	e of Florida. RE:	nic Signature of Registered Age		Date	
the State	e of Florida.  RE: Electro				
the State	e of Florida.  RE: Electro	nic Signature of Registered Age	ent		
the State	e of Florida.  RE: Electro  mpaign Financir  S AND DIREC	nic Signature of Registered Ageing Trust Fund Contribution ( ).  CTORS:  ) Delete PIGHT E.,  ELE ST.	ent	Date	
the State IGNATUR  ection Car  FFICERS tle: ame: ddress:	e of Florida.  RE:  Electro  mpaign Financir  S AND DIRECT  P ( RHODES, DW 168 SE TRIBE LAKE CITY, FI	nic Signature of Registered Age ng Trust Fund Contribution ( ).  CTORS:  ) Delete PIGHT E., BLE ST.  ) Delete HNATHAN, 2 N/A	ADDITIONS/CHANG Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR	
the State GNATUR  ection Car  FFICERS  le: ime: idress: ty-St-Zip: le: ime: idress:	e of Florida.  RE:  Electro  mpaign Financir  S AND DIREC  P ( RHODES, DW 168 SE TRIBE LAKE CITY, FI  VP ( RHODES, JOH P.O BOX 2852 LAKE CITY, FI	nic Signature of Registered Age ng Trust Fund Contribution ( ).  CTORS:  ) Delete IGHT E., ILE ST.  ) Delete HNATHAN, INA L  ) Delete RCIA	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DWIGHT RHODES	Р	02/13/2007	