

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90032 040 \*\*\*150.00

**DOCUMENT # K40538**

1. Entity Name  
**THE RHODES INSURANCE GROUP, INC.**



Principal Place of Business  
**%LLOYD F. RHODES  
1219 EAST LAS OLAS BLVD.  
FT. LAUDERDALE, FL 33301**

Mailing Address  
**%LLOYD F. RHODES  
1219 EAST LAS OLAS BLVD.  
FT. LAUDERDALE, FL 33301**

2. Principal Place of Business

**1263 East Las Olas Blvd**

3. Mailing Address

**1263 East Las Olas Blvd**

Suite, Apt. #, etc.

**Suite 205**

Suite, Apt. #, etc.

**Suite 205**

City & State

**Ft. Lauderdale FL**

City & State

**Ft. Lauderdale FL**

Zip

Country

**33301**

**USA**

Zip

Country

**33301**

**USA**

06302004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0077772**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RHODES, LLOYD F.  
1219 EAST LAS OLAS BLVD.  
FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name

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

**1263 East Las Olas Blvd.**

**Suite 205**

City

**Ft. Lauderdale**

FL

Zip Code

**33301**

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

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

TITLE **P** ☐ Delete  
NAME **RHODES, LLOYD F.**  
STREET ADDRESS **1219 E. LAS OLAS BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE **VTS** ☐ Delete  
NAME **RHODES, KARIN**  
STREET ADDRESS **1219 E. LAS OLAS BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE, FL**

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  
STREET ADDRESS **1263 East Las Olas Blvd, Suite 205**  
CITY-ST-ZIP **Ft. Lauderdale FL 33301**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1263 East Las Olas Blvd, Suite 205**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 exemption stated in Section 119.07(3)(i), 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

**7/9/04**

**954-524-5075**  
Daytime Phone #