


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L31174 |  |
| 1. Entity Name RHODES & RICKOLT, P.A. | |

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|---|---|
| Principal Place of Business 1701 NORTHEAST 42ND AVENUE SUITE 101 OCALA, FL 34470 US | Mailing Address 1701 NORTHEAST 42ND AVENUE SUITE 101 OCALA, FL 34470 US |
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 59-2980624 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent TROW, CHESTER J. 125 NORTHEAST FIRST AVE. SUITE 2 OCALA, FL 32678 | |
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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)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000873681 04/15/08-80029-024 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RHODES, THOMAS E 950 NE 51ST AVE OCALA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICKOLT, CHARLES E 4540 SE 14TH ST OCALA, FL 34471 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: <u>Thomas E. Rhodes</u> 4-2-08 | Date | Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |