## 2005 FOR PROFIT CORPORATION

## **FILED AM** e

ANNUAL REPORT					Feb 14, 2005 08:00 Secretary of State			
1. Entity Nam	MENT # P000000659 LINE E RHODES P.A.	60			Se	cretary	oi Stat	
4900 NO. 00	ce of Business _ CEAN BLVD. #1611 DALE, FL 33308	Mailing Address 4900 NO. OCEAN BLVD. #161 FT LAUDERDALE, FL 33308	17					
D	OO NOT WRITE	IN THIS SPA	CE	02102005 4. FEI Numbe 65-102	No Chg-P	CR2E034 (10		
4900 NO. FT LAUDE	6. Name and Address of Current Re  JACQUELINE E OCEAN BLVD. #1611  ERDALE, FL 33308  Inamed entity submits this statement for thions of registered agent.		ed office or register	IN 7	NOT W	ACE	r with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and	title if appl-cable (NOTE Registere	d Agent signature required	When reinstating)	·	DATE	<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				.00 May Be ad to Fees				
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-S1-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DI PHODES, JACQUELINE E 4900 NO. OCEAN BLVD. #1611 FT LAUDERDALE, FL 33308	RECTORS		·-	000000 02/14/05- 02/14/05- NOT W	RITE	150.00	
TITLE NAME								

12. Thereby certify that the information supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 is supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the supplied with t

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SHANTURE AND TYPED OR PRINTED NA

Daytime Phone #