


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90005 040 ***158.75

DOCUMENT # P01000027774

1. Entity Name
RHODEN & RHODEN ENTERPRISES, INC.



Principal Place of Business
542785 US HWY 1
CALLAHAN, FL 32011

Mailing Address
PO BOX 734
CALLAHAN, FL 32011

2. Principal Place of Business
1195 South 6th Street Rt 1 Box 2360

3. Mailing Address
St. George GA

Suite, Apt. #, etc.

City & State
MACCLenny FLA

City & State
St. George GA

Zip
32063

Country
BAKER

Zip
31646

Country
Chelton



08232004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3720953

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
FRAN'S TAX SERVICE INC.
542785 US HWY 1
CALLAHAN, FL 32011

7. Name and Address of New Registered Agent
Name
Bloomer's TAX Service

Street Address (P.O. Box Number is Not Acceptable)
4429 CR 218 W.

City
Middleburg FL

Zip Code
32068

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: *George M. Bloomer III* (NOTE: Registered Agent signature required when reinstating)

DATE: 8-24-04

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODEN, WILLIAM III RR 1 BOX 2360 ST GEORGE, GA 31646 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, KATHRYN RR 1 BOX 2360 ST GEORGE, GA 31646 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rhoden Kathayn RR 1 Box 2360 St. George GA 31646 <input checked="" 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 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: *William Rhoden III* 8/23/04 904-759-8027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

To: Whom it Concerns # P0100002777
54070460

I AM WRITING this letter to let you know
That I didn't get my Paperwork to me
And see if I can get The late Fee waived -
I did not know you had to have it done By
MAY 1st AND if I can get the send to

My home Address That way I know I get
it For now on if you don't mind

My Mailing Address is Rt 1 Box 2360 St. GEORGE, GA
31562

I will make sure it will be done By MAY 1st

BECAUSE MY TAX LADIE WAS doing it But she
Left town Now I AM doing it MYSELF

Thank you William Rhoden

III