

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000027774

1. Entity Name  
RHODEN & RHODEN ENTERPRISES, INC.



Principal Place of Business  
1195 SOUTH 6TH STREET  
MACLENNY, FL 32063

Mailing Address  
RT 1 BOX 2360  
SAINT GEORGE, GA 31646

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**



04222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3720953

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLOOMER'S TAX SERVICE  
4429 CR 218 W  
MIDDLEBURG, FL 32068

**DO NOT WRITE  
IN THIS SPACE**

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

*William Rhoden III*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/07

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RHODEN, WILLIAM III  
RR 1 BOX 2360  
ST GEORGE, GA 31646

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RHODEN, KATHRYN  
RR 1 BOX 2360  
ST GEORGE, GA 31646

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000738647  
05/11/07-80076-010 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*William Rhoden III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07  
Date

912-843-2624  
Daytime Phone #