

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000027774

1. Entity Name
RHODEN & RHODEN ENTERPRISES, INC.



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

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

Mailing Address
**RT 1 BOX 2360
SAINT GEORGE, GA 31646**



04222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3720953	Applied For Not Applicable
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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	D
NAME	RHODEN, WILLIAM III
STREET ADDRESS	RR 1 BOX 2360
CITY-ST-ZIP	ST GEORGE, GA 31646

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

TITLE	
NAME	
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CITY-ST-ZIP	

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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 #