2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 15, 2006 08:00 AM DOCUMENT # P01000053564 **Secretary of State** 1. Entity Name RODNEY MEYERS, INC. Principal Place of Business Mailing Address 6795 - 64TH STREET N 6795 - 64TH STREET N PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 01302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3719566 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LOVELACE, WILLIAM K ESQ. 401 S. LINCOLN AVENUE CLEARWATER, FL 33756 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS NAME MEYERS, RODNEY STREET ADDRESS 6795 - 64TH ST N PINELLAS PARK, FL 33781 CITY-ST-ZIP 1100000435102 TITLE STREET ADDRESS CITY-ST-ZIP

02/25/06-80027-020 150.00

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 ii changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1377 F NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-51-71P

GITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

727-432-724

Applied For

Not Applicable

Daytime Phone #