

FILED

Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000053564

1. Entity Name
RODNEY MEYERS, INC.



Principal Place of Business

7076 FORESTVIEW TR N
SAINT PETERSBURG, FL 33709

Mailing Address

7076 FORESTVIEW TR N
SAINT PETERSBURG, FL 33709

DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FBI Number
59-3719566

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K ESQ.
401 S. LINCOLN AVENUE
CLEARWATER, FL 33756

**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

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

(NOTE: Registered Agent signature required when reinstating)

*****DATE 5

14.75/09-30046-017 158.75

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MEYERS, RODNEY
STREET ADDRESS	6795 - 64TH ST N
CITY - ST - ZIP	PINELLAS PARK, FL 33781

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 - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #