


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90023 001 ***158.75

DOCUMENT # P01000060756 1. Entity Name EROD INVESTMENTS OF RIVIERA BEACH, INC.					
Principal Place of Business 3824 N SHORE DR WEST PALM BEACH FL 33407			Mailing Address 3824 N SHORE DR WEST PALM BEACH FL 33407		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1116009	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROGERS, EDWARD JR 1208 WEDGEWOOD DR RIVIERA BCH FL 33404			7. Name and Address of New Registered Agent Name Edward Rodgers Street Address (P.O. Box Number is Not Acceptable) 3824 No. Shore Dr. City West Palm Beach FL Zip Code 33407		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, EDWARD J R 1208 WEDGEWOOD DR RIVIERA BCH FL 33404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, ANTHONY 1170 BIMINI LN RIVIERA BCH FL 33404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward Rodgers Jr. 3824 No. Shore Dr West Palm Beach, FLA. 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony Rodgers 324 Orange Tree Dr., 1A Atlantis, FLA. 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:  **Anthony Rodgers** 4-12-04 (561)969-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #