

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000076978

1. Entity Name
RHODES MEDICAL PRODUCTS INC.



Principal Place of Business
**926 SOUTH SECOND ST
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**926 SOUTH SECOND ST
JACKSONVILLE BEACH, FL 32250**

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3741325

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WINTER, W. ALAN ESQ
THE WINTER LAW FIRM
310 THIRD STREET
NEPTUNE BEACH, FL 32266**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	RHODES, SEAN MATTHEW
STREET ADDRESS	2408 PINE ISLAND COURT
CITY - ST - ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	WINTER, W. ALAN ESQ
STREET ADDRESS	308 OCEAN BLVD
CITY - ST - ZIP	ATLANTIC BEACH, FL 32233
TITLE	PD
NAME	RHODES, STEVEN L
STREET ADDRESS	926 SOUTH SECOND ST
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/02/05-80086-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN RHODES, PRES

Date

Daytime Phone #

1/31/05