2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000078213

1. Entity Name
RHOADES HOLDINGS, INC.

Principal Place of Business	Mailing Address
2450 NORTH CITRUS HILLS BLVD	2450 NORTH CITRUS HILLS BLVD
HERNANDO, FL 34442	HERNANDO, FL 34442

DO NOT WRITE IN THIS SPACE

02282005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3747799	Not Applicable

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

6. Name and Address of Current Registered Agent

RHOADES, RON A
2450 NORTH CITRUS HILLS BLVD
HERNANDO, FL 34442

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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

llnnnnn284481
04/02/05-80006-021 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPST
NAME	RHOADES, RON A
STREET ADDRESS	2450 NORTH CITRUS HILLS BLVD
CITY-ST-ZIP	HERNANDO, FL 34442

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Ron A. Rhoades, President_ _Pres.dent_ 3/1/05   352-746-1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #