


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90026 003 \*\*\*150.00

<b>DOCUMENT # P01000091256</b>	
1. Entity Name <b>RHODES AUTO BODY, INC.</b>	

Principal Place of Business <b>16336 SE 65TH ST. RD. OCKLAWAHA, FL 32179-2969</b>	Mailing Address <b>16336 SE 65TH ST. RD. OCKLAWAHA, FL 32179-2969</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>623 NORTH MAGNOLIA</b> Suite, Apt. #, etc.	3. Mailing Address <b>623 NORTH MAGNOLIA</b> Suite, Apt. #, etc.
--	--

City & State <b>OCALA FL</b>	City & State <b>OCALA FL</b>
Zip <b>34475</b>	Zip <b>34475</b>
Country <b>USA</b>	Country <b>USA</b>

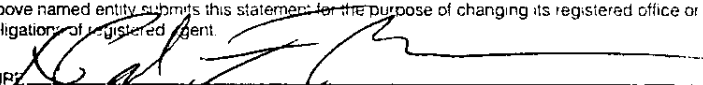
6. Name and Address of Current Registered Agent <b>RHODES, PAUL F 16336 SE 65TH ST. RD. OCKLAWAHA, FL 32179-2969</b>	
---	--



04042007 Chg-P CR2E034 (12/06)

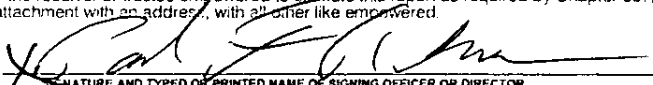
4. FEI Number <b>59-3744764</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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: 	DATE: <b>4/15/07</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	<b>P RHODES, PAUL F 16336 SE 65TH ST. RD. OCKLAWAHA, FL 321792969</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BROWN, CANDI 16247 SE 62ND PLACE OCKLAWAHA, FL 32179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: <b>4/17/07</b> <b>(352) 623-358</b>