

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90092 014 ***150.00

DOCUMENT # P02000053746

1. Entity Name

RHODEN AND SONS CONCRETE, INC.



Principal Place of Business

**14680 NORMANDY BLVD
JACKSONVILLE FL 32234**

Mailing Address

**14680 NORMANDY BLVD
JACKSONVILLE FL 32234**



2. Principal Place of Business

8747 west Bower

3. Mailing Address

SAMY AS A BARGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax Fl

City & State

Zip

32220

Country

David

Zip

Country

4. FEI Number

02-0624615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**RHODEN, TALMADGE D
1475 DOLPH RD
JACKSONVILLE FL 32220**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RHODEN, JIMMIE**
STREET ADDRESS **14680 NORMANDY BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32234**

TITLE **VP** ☐ Delete
NAME **RHODEN, DON**
STREET ADDRESS **14680 NORMANDY BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32234**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Jimmie E. Rhoda **04 march 05 237019**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #