

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90001 018 ***550.00

DOCUMENT # P02000053746

1. Entity Name

RHODEN AND SONS CONCRETE, INC.



Principal Place of Business

**8747 WEST BOVER
BAY 1
JACKSONVILLE FL 32220**

Mailing Address

**14680 NORMANDY BLVD
JACKSONVILLE FL 32234**



2. Principal Place of Business - No P.O. Box #

1444 DOLPH RD

3. Mailing Address

1444 DOLPH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/08)

City & State

JAX FLA

City & State

JAX FLA

4. FEI Number

02-0624615

Applied For

Not Applicable

Zip

32220

Country

DUVAL

Zip

32220

Country

DUVAL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$550.00 -

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RHODEN, JIMMIE	
STREET ADDRESS	14680 NORMANDY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32234	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RHODEN, DON	
STREET ADDRESS	14680 NORMANDY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jimmie Rhoda* **Jimmie Rhoda** **9/7/08** **904 237 0119**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #