## 2004 FOR PROFIT CORPORATION

SIGNATURE:

## May 05, 2004 8:00 am Secretary of State **ANNUAL REPORT** 05-05-2004 90207 039 \*\*\*150.00 DOCUMENT # P02000099479 1. Entity Name RODMAN'S RODS, INC. Principal Place of Business Mailing Address 24071312 5100 N FEDERAL HIGHWAY SUITE 409 5100 N FEDERAL HIGHWAY SUITE 409 FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 51-0426013 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LARRY LEGEL. LEGEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W. CYPRESS CREEK RD. 5100 N FEDERAL HIGHWAY SUITE 409 FT LAUDERDALE, FL 33308 FORT LAUDERDALE 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 (NOTE: Registered Agent signature required when rejustating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D 3-1- July -K Change TITLE ☐ Delete LEGEL, LARRY LEGEL, LARRY NAME NAME 800 W. CYPRESS CREEK RD., #470 STREET ADDRESS 5100 N FEDERAL HIGHWAY SUITE 409 STREET ADDRESS FORT LAUDERDALE, FL FT LAUDERDALE, FL 33308 CITY-ST-ZIP CITY-ST-ZIP 33309 TITLE! ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P 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.

**FILED**