


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90005 033 ***150.00

DOCUMENT # P03000101134	
1. Entity Name RHODEN'S DESIGN/BUILD, INC.	

Principal Place of Business 4211 US 1 SOUTH ST. AUGUSTINE, FL 32086	Mailing Address 4211 US 1 SOUTH ST. AUGUSTINE, FL 32086
---	---

24085552



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09132004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0222967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'CONNELL, W. HENRY CPA 2200 N. PONCE DE LEON BLVD. SUITE 10 ST. AUGUSTINE, FL 32084		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RHODEN, GEORGE J 171 ESTANCIA STREET ST. AUGUSTINE, FL 32086 <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
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-13-04

W. HENRY O'CONNELL

*Certified Public Accountant
2200 N. Ponce De Leon Blvd. Suite 10
St. Augustine, FL 32084
Phone (904) 829-0082 Fax 904 829-5030 e-mail: taxwho1@bellsouth.net*

Attachment

24085552

September 13, 2004

Florida Department of State
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Rhoden's Design/Build Inc.

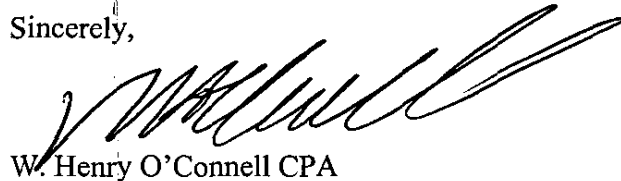
P03000101134

Dear Secretary of State,

The above client never received their original annual report and subsequently did not file their annual report with fee on time. This is their first year filing as a corporation and did not realize the fee was due until they received their notice of potential dissolution. At this time we request that you accept this annual report and fee as filed timely. I have instructed my client the severity of not filing this form. He informed me that if he had received the original notice he would have filed timely. He also sends assurances that he will remember this fee for years to come.

Thank you for your cooperation in this matter.

Sincerely,



W. Henry O'Connell CPA