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Aug 11, 2004 8:00 am
Secretary of State
07-08-2004 90101 009 ***150.00

7/8.

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105001

1. Entity Name
WILLIAM M. RHOADES, INC

66431776

06082004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
19 WEST FLAGLER ST. SUITE 928 MIAMI, FL 33130-4407	19 WEST FLAGLER ST. SUITE 928 MIAMI, FL 33130-4407

2. Principal Place of Business		3. Mailing Address	
19 W. Flagler ST 928		19 W. Flagler ST	
Suite, Apt. #, etc. 928		Suite, Apt. #, etc. 928	
City & State Miami Fla		City & State Miami, Fla	
Zip 33130	Country USA	Zip 33130	Country USA

4. FEI Number 14-1894620 ☐ Applied For ☐ Not Applicable

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
RHODES, WILLIAM M 19 WEST FLAGLER ST. SUITE 928 MIAMI, FL 33130-4407 OK	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 William Rhoades 6/29-04
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 8, 2004

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	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RHODES, WILLIAM M		NAME		
STREET ADDRESS	19 WEST FLAGLER ST. SUITE 928		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331304407		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: William Rhoades 6/29-04 (305) 373-5347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Document Number
P03000105001
Business Entity Name
WILLIAM M. RHOADES, INC

FEI Number 14-1894620
FEI Number Status ○ Applied For ○ Not Applicable ◉ Current
Certificate of Status Desired ○ Yes ◉ No $8.75 each

Principal Place of Business

Address	19 WEST FLAGLER ST.
Suite, Apt. #, etc.	SUITE 928
City, State	MIAMI, FL
Zip Code & Country	33130440

Mailing Address

Address	19 WEST FLAGLER ST.
Suite, Apt. #, etc.	SUITE 928
City, State	MIAMI, FL
Zip Code & Country	33130440

Name And Address of Registered Agent

Name (Last, First, Middle, Title)	RHODES, WILLIAM, M,
-or- RA Business Name	
Address	19 WEST FLAGLER ST.
Suite, Apt. #, etc.	SUITE 928
City, State	MIAMI, FL
Zip Code & Country	33130440

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual ~~must sign on their behalf~~. A business entity cannot serve as its own RA.

Registered Agent Signature William Rhoades

Attachment

66431776

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Document Number
P03000105001
Business Entity Name
WILLIAM M. RHOADES, INC

Election Campaign Financing Trust Fund Contribution ○ Yes ◉ No

Officer/Director Name And Address

Title	PSTD
Name (Last, First, Middle, Title)	RHODES, WILLIAM, M,
-or- Entity Name	
Street Address	19 WEST FLAGLER ST. SUITE 928
City, State	MIAMI, FL
Zip Code & Country	33130440

Title	
Name (Last, First, Middle, Title)	, , ,
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	, , ,
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	, , ,
-or- Entity Name	

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors © No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title VST

Officer/Director Signature William M. Rhoades

Continue Reset

Start Over