2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

	ANNUAL R		<u> </u>	FILED
DOCUMENT # P03000115308 1. Entity Name				Feb 13, 2006 08:00 AM
STEVEN J. RHODES, INC.				Secretary of State
Principal Place of Business		Mailing Address		
24373 PIRATE HARBOR BLVD.		24373 PIRATE HARBOR BLVD.		
PUNTA GORDA FL 33955		PUNTA GORDA FL 33955		
2. Principal Place of Business		3. Mailing Address		
Surte, Apt. #, etc.		Suile, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 56-2410692 Applied For Not Applied Not Applied.
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
RHODES, STEVEN J				
24373 PIRATE HARBOR BLVD. PUNTA GORDA FL 33955			Street Address	(P.O. Box Number is Not Acceptable)
	· ·		City	FL Zip Code
	named entity submits this statement folions of registered agent	the purpose of changing its	s registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and access
SIGNATURE Signature, typed or protect name of registered agent and title it applicable. (MOTE Registered Agent signature required when revisialing) DATE				
FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May 5.				
Make Check	May 1, 2006 Fee Will Be \$550,00 k Payable to Florida Department of	State		Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D :	Delete	BUTE	☐ Change ☐ &
NAME STREET ADDRESS	RHODES, STEVEN J 24373 PIRATE HARBOR BLVD.		NAME STRLET ADDRESS	100000431052 02/29/06-80011-821 150,00
CITY-ST-ZIP	PUNTA GORDA FL 33955	·i	CITY - ST - ZIP	05/59/00-00011-051 190/00
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TOLE		☐ Delcte	Int	☐ Change ☐ Addition
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NAME	·	. C Delete	MARKE	C CHariffe C Control
STREET ADDRESS			STREET ADDRESS	
CiTY-S7-ZiP	<u> </u>		CHY-ST-ZIP	
12. Thereby certify that the information supplied with this titing does not qualify for the exemptions contained in Section 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 it 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 507, 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.				
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