


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90446 013 ***150.00

DOCUMENT # P03000115308			
1. Entity Name STEVEN J. RHODES, INC.			
Principal Place of Business 24373 PIRATE HARBOR BLVD. PUNTA GORDA, FL 33955		Mailing Address 24373 PIRATE HARBOR BLVD. PUNTA GORDA, FL 33955	
2. Principal Place of Business - No P.O. Box # 24401 Yacht Club Blvd		3. Mailing Address P.O. Box 512150	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Punta Gorda, FL	
City & State Punta Gorda, FL		City & State FL	
Zip 33955	Country USA	Zip 33951-2150	Country USA
6. Name and Address of Current Registered Agent RHODES, STEVEN J 24373 PIRATE HARBOR BLVD. PUNTA GORDA, FL 33955		7. Name and Address of New Registered Agent 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 <u><i>Steven J Rhodes</i></u> DATE <u>4-26-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, STEVEN J 24373 PIRATE HARBOR BLVD. PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVEN J Rhodes 24401 Yacht Club Blvd Punta Gorda FL 33955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Address change only</i>
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
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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 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: <u><i>Steven J Rhodes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-26-07</u> Daytime Phone # <u>941-505-2195</u>	