

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90020 047 \*\*\*150.00

<b>DOCUMENT # P04000014724</b>					
<b>1. Entity Name</b> BRYAN RHODES CORPORATION					
<b>Principal Place of Business</b> 1530 PULLEN RD JACKSONVILLE, FL 32216			<b>Mailing Address</b> 1530 PULLEN RD JACKSONVILLE, FL 32216		
<b>2. Principal Place of Business</b> 5319 Sunderland Road Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5319 Sunderland Road Suite, Apt. #, etc.			
<b>City &amp; State</b> Jacksonville, FL		<b>City &amp; State</b> Jacksonville, FL		<b>4. FEI Number</b> 20-0612634	
<b>Zip</b> 32210		<b>Country</b> Duval		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BRIZENDINE, JUDITH G 1249 SOARING FLIGHT WAY JACKSONVILLE, FL 32225			<b>7. Name and Address of New Registered Agent</b> Name: <u>John F. Tolson, Jr.</u> Street Address (P.O. Box Number is Not Acceptable): <u>462 Kingsley Ave. Ste 101</u> City: <u>Orange Park</u> <u>FL</u> Zip Code: <u>32073</u>		
<b>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.</b> SIGNATURE: <u>John F. Tolson, Jr.</u> <i>[Signature]</i> <u>5/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST RHODES, C. BRYAN 1530 PULLEN RD JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <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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<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>				(904) 382-9436	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	