


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90186 001 \*\*\*150.00

**DOCUMENT # P04000107040**

1. Entity Name  
**RODEN'S OUTDOOR POWER CO.**



Principal Place of Business  
**4124 LAND O' LAKES BLVD**  
**LAND O' LAKES, FL 34639**

Mailing Address  
~~**4124 LAND O' LAKES BLVD**~~  
~~**LAND O' LAKES, FL 34639**~~

**50036300**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P. O. Box 715**  
 Suite, Apt. #, etc.

04042005 Chg-P CR2E034 (10/03)

City & State  
**Lutz, FL**

4. FEI Number  
**59-3669285**

Applied For  
 Not Applicable

City & State  
**Lutz, FL**

Zip  
**33548**

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HILL, J. MCGILL**  
**1628 N DALE MABRY #112**  
**LUTZ, FL 33548**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	RODEN, MELVIN HOWARD	
STREET ADDRESS	4124 LAND O' LAKES BLVD	
CITY-ST-ZIP	LAND O'LAKES, FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODEN, REGINA E	
STREET ADDRESS	4124 LAND O' LAKES BLVD	
CITY-ST-ZIP	LAND O'LAKES, FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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:** *Melvin Roden* **President** **4-4-05** **813-929-0893**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #