# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 15, 2009**
**Secretary of State**

DOCUMENT# P05000134788

**Entity Name:** RHOADES ASSOCIATED SERVICES INC

**Current Principal Place of Business:**

76 SANCHEZ AVE.
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

76 SANCHEZ AVE.
PALM COAST, FL 32137

**New Mailing Address:**

1720 LIGHTSEY RD
ST AUGUSTINE, FL 32084

**FEI Number: 61-1495399** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RHOADES, SCOTT A.
76 SANCHEZ AVE.
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

RHOADES, SCOTT A
76 SANCHEZ AVE.
PALM COAST, FL 32137 US

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.

SIGNATURE: SCOTT A RHOADES 07/15/2009
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: RHOADES, SCOTT A.
Address: 76 SANCHEZ AVE.
City-St-Zip: PALM COAST, FL 32137

Title: O ( ) Delete
Name: BOB, BYQUIST
Address: 76 SANCHEZ AVE
City-St-Zip: PALM COAST, FL 32137 US

Title: O ( ) Delete
Name: LYNN, WELLS
Address: 1720 LIGHTSEY RD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change ( ) Addition
Name: TRACIE, BRUNSON
Address: 360 CRESCENT BLVD
City-St-Zip: ST AUGUSTINE, FL 32095 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O ( ) Change (X) Addition
Name: STEVE, ROSE
Address: 609 SHORE DR
City-St-Zip: ST AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT A RHOADES PRES 07/15/2009
Electronic Signature of Signing Officer or Director Date