FILED
May 30, 2008 8:00 am
Secretary of State
04-30-2008 90182 014 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/3

DOCUMENT # P07000000417

1. Entity Name
CHRIS RHODES REMODELING & HOME REPAIR, INC.

66012716

Principal Place of Business
8949 HARRISON RD
LAKELAND, FL 33810

Mailing Address
8949 HARRISON RD
LAKELAND, FL 33810

2. Principal Place of Business No P.O. Box #

3. Mailing Address

Suite, Apt. # etc

Suite, Apt. # etc

City & State

City & State

Zip | Country

Zip | Country

01142008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8126367 | Applied For | Not Applicable

20-8126367

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHODES, CHRISTOPHER W
8949 HARRISON RD
LAKELAND, FL 33810

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 ____________________

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	
Name	RHODES, CHRISTOPHER W	☐ Delete
Street Address	8949 HARRISON RD	
City-St-Zip	LAKELAND, FL 33810	
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Title	President / Vice President	☑ Change ☐ Addition
Name	Rhodes, christopher w.	
Street Address	8949 HARRISON Rd.	
City-St-Zip	Lakeland, Fl. 33810	
Title	Treas:/sec	☐ Change ☑ Addition
Name	Rhodes, Jamie S.	
Street Address	8949 HARRISON Rd.	
City-St-Zip	Lakeland Fl. 33810	
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition

12. I hereby 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: [signature] Jamie S. Rhodes 4/14/08 (863) 698-2720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR