


May 05, 2004 08:00 AM  
Secretary of State

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P94000031689</b> 1. Entity Name <b>RHODUS ENTERPRISES, INC.</b>	
---	---

Principal Place of Business <b>39 FLAMINGO DR PALM COAST, FL 32137</b>	Mailing Address <b>39 FLAMINGO DR PALM COAST, FL 32137</b>
---	---

**DO NOT WRITE IN THIS SPACE**

RF50, , , , / - 245 F &

05032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3237059</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent

**RHODUS, DONALD W.  
24 COOLIDGE CT.  
PALM COAST, FL 32137**

**DO NOT WRITE IN THIS SPACE**

9. 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 resigning) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$ 150.00

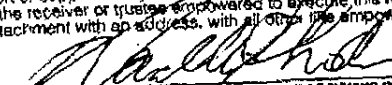
6. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODUS, DONALD W 24 COOLIDGE CT. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODUS, YVETTE A 24 COOLIDGE CT. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000155835  
05/05/04-80054-007 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 title empowered.

SIGNATURE:  **DONALD W. RHODUS** 5/3/04 (386) 445-1688  
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Daytime Phone #