


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90326 012 ***150.00

DOCUMENT # P94000031689


1. Entity Name
RHODUS ENTERPRISES, INC.



Principal Place of Business Mailing Address
39 FLAMINGO DR **39 FLAMINGO DR**
PALM COAST, FL 32137 **PALM COAST, FL 32137**

2. Principal Place of Business 3. Mailing Address
24 COOLIDGE CT **24 COOLIDGE CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Palm Coast, FL **Palm Coast, FL**
 Zip Country Zip Country
32137 **USA** **32137** **USA**



01292005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3237059 Not Applicable

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

6. Name and Address of Current Registered Agent
RHODUS, DONALD W.
24 COOLIDGE CT.
PALM COAST, FL 32137

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODUS, DONALD W 24 COOLIDGE CT. PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE:  4/21/05 (386) 445-1688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #