## 2006 FOR PROFIT CORPORATION

## Ian 09, 2006 08:00 AM

•	ANNUAL	•			7, 2000 00.00 F	
DOCUMENT # P9600003476  1. Entity Name PAT RHODES ACCOUNTING INC.					Sec	cretary of State
Principal Place 1067 N. EDG JACKSONVILL	EWOOD AVENUE	Malling Address 1067 N. EDGEWOOD AVENUE JACKSONVILLE, FL 32254				# \$6## \$40\$
DO NOT WRITE IN THIS SPA			CE	01032006 No Chg-P CR2E034 (11/05)  4. FEI Number		
6. Name and Address of Current Registered Agent RHODES, PATRICIA A 1067 N. EDGEWOOD AVENUE JACKSONVILLE, FL 32254			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for toons of registered agent.  Signature, typod or printed name of registered agent are		ed office of registe		th, in the State of Flo	orida ) am familiar with, and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			noing \$5	.00 May Be ded to Fees	13000 01/10/0	00379467 6-80021-006 150.00
10. THE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D P RHODES, PATRICIA 5111 BROADWAY AVE JACKSONVILLE, FL	RECTORS		· ·	~	
ITILE NAME STREET ADDRESS CITY-SI-ZIP						•
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		DO NOT WRITE				
NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SF	PACE
Title NAME STREET ADDRESS CITY-ST-ZIP				- ,		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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: \_

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPEG OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR