

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90186 030 ***150.00

DOCUMENT # P96000003476	
1. Entity Name PAT RHODES ACCOUNTING INC.	

Principal Place of Business 1067 N. EDGEWOOD AVENUE JACKSONVILLE, FL 32254	Mailing Address 1067 N. EDGEWOOD AVENUE JACKSONVILLE, FL 32254
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

60033595



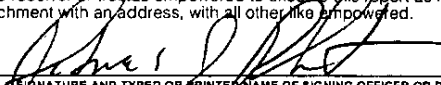
04282008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent RHODES, PATRICIA A 1067 N. EDGEWOOD AVENUE JACKSONVILLE, FL 32254	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Signature, typed or printed name of registered agent and title if applicable	DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP P. RHODES, PATRICIA 5111 BROADWAY AVE JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD ROBERTS, MARY 5121 BROADWAY AVE JACKSONVILLE, FL 32254	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ Change ☐ Addition 5121 BROADWAY AVE
TITLE NAME STREET ADDRESS CITY - ST - ZIP S WILSON, PATRICIA M 5220 CENTURY ESTATES RD MIDDLEBURG, FL 32068	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ Change ☐ Addition 5220 COUNTRY ESTATES RD
TITLE NAME STREET ADDRESS CITY - ST - ZIP T HINSON, JOHN M 7515 COLLINS CT JACKSONVILLE, FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 4/28/08 Daytime Phone #: 9047811040