## 2008 FOR PROFIT CORPORATION

## Apr 30, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-30-2008 90186 030 \*\*\*150 00 DOCUMENT # P9600003476 PAT RHODES ACCOUNTING INC. 60033595 Principal Place of Business Mailing Address 1067 N. EDGEWOOD AVENUE 1067 N. EDGEWOOD AVENUE JACKSONVILLE, FL 32254 JACKSONVILLE, FL 32254 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3349855 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RHODES, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 1067 N. EDGEWOOD AVENUE JACKSONVILLE, FL 32254 City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE TITLE ☐ Delete Change ☐ Addition NAME RHODES, PATRICIA NAME **5111 BROADWAY AVE** STREET ADDRESS STREET ADDRESS CITY-SI-ZIP JACKSONVILLE, FL CITY-ST-ZIP Delete HILE Change DILE Addition NAME ROBERTS, MARY NAME. 5121 BRODOWAY AVE STREET ADDRESS 5121 BROAD WAY AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32254 CI1Y-S1-7/P TITLE ☐ Detete TITLE ☐ Addition WILSON, PATRICIA M. NAME NAME 5220 COUNTRY ESTATES 123 STREET ADDRESS **5220 CENTURY ESTATES RD** STREET ADDRESS CITY - ST - ZIP MIDDLEBURG, FLT 32068 CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition NAME HINSON, JOHN M NAME STREET ADDRESS 7515 COLLINS CT STREET ADDRESS JACKSONVILLE, FL 32244 CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TIRE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplementarized in the composition of the corporation or the receiver of 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 impowered.

SIGNATURE:

FILED