2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000003476

Entity Name: PAT RHODES ACCOUNTING INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	DGEWOOD A NVILLE, FL 32				
Current Mailing Address:			New Mailing Address:		
	DGEWOOD A NVILLE, FL 32				
FEI Number	r: 59-3349855	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and	l Address o	f New Registered Agent:
1067 N. EÍ	, PATRICIA A DGEWOOD A IVILLE, FL 32				
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered	d office or registered agent, or both,
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent		Date
Election Ca					Date
	mpaign Financir	ng Trust Fund Contribution ().			Date
OFFICER	mpaign Financir S AND DIREC	• , ,	ADDITION	NS/CHANGE	ES TO OFFICERS AND DIRECTOR
OFFICER. Title: Name: Address: City-St-Zip:	S AND DIREC	CTORS:) Delete 'RICIA VAY AVE	ADDITION Title: Name: Address: City-St-Zip:	NS/CHANGE	
Title: Name: Address:	P (RHODES, PAT 5111 BROADV JACKSONVILL	CTORS:) Delete RICIA VAY AVE .E, FL) Delete ARY VAY AVE	Title: Name: Address:	VP ROBERTS, N 5121 BROAL	ES TO OFFICERS AND DIRECTOR () Change () Addition (X) Change () Addition MARY
Title: Name: Address: City-St-Zip: Title: Name: Address:	P (RHODES, PAT 5111 BROADV JACKSONVILL VD (ROBERTS, MA 5121 BROADV JACKSONVILL S (WILSON, PAT	Delete RICIA VAY AVE E, FL) Delete ARY VAY AVE LE, FL) Delete ARY VAY AVE LE, FL 32254) Delete RICIA M LY ESTATES RD	Title: Name: Address: City-St-Zip: Title: Name: Address:	VP ROBERTS, N 5121 BROAL JACKSONVI	ES TO OFFICERS AND DIRECTOR () Change () Addition (X) Change () Addition MARY DWAY AVE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PAT RHODES P 04/24/2009

JACKSONVILLE, FL 32244

City-St-Zip: