

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90083 041 ***150.00

DOCUMENT # P97000094510

1. Entity Name

RHOADES ROOFING, INC.



Principal Place of Business

8154 S.E. CARLTON ST.
HOBE SOUND FL 33455

Mailing Address

8154 S.E. CARLTON ST.
HOBE SOUND FL 33455

2. Principal Place of Business

8154 S.E. Carlton St.

3. Mailing Address

8154 S.E. Carlton St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound, Fl.

City & State

Hobe Sound, Fl.

Zip

33455

Country

marlin

Zip

33455

Country

marlin

4. FEI Number

65-1097823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RHOADES, DAREL A
8154 S.E. CARLTON ST.
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name Darel D. Rhoades
Street Address (P.O. Box Number is Not Acceptable)
8154 S.E. Carlton St.

City Hobe Sound

FL

Zip Code

33455

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 Darel D. Rhoades Darel D. Rhoades

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
P
RHOADES, DAREL
8154 SE CARLTON ST
HOBE SOUND FL 33455

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RHOADES, RICHARD D
14028 FLORA AVE
HOBE SOUND FL 33455

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: Darel D. Rhoades

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04

Date

772-546-1310

Daytime Phone #