

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000088750

**Entity Name:** PAUL RHODEN, INC.

**Current Principal Place of Business:**

274 BARBER ROAD  
MACCLENLY, FL 32063

**Current Mailing Address:**

PO BOX 372  
MACCLENLY, FL 32063

**FEI Number:** 26-0682165

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RHODEN, PHILLIP E  
274 BARBER ROAD  
MACCLENLY, FL 32063 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MR.  
Name RHODEN, PHILLIP E  
Address 344 BARBER RD  
City-State-Zip: MACCLENLY FL 32063

*I hereby 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 all other like empowered.*

**SIGNATURE:** PHILLIP E RHODEN

MR

04/25/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date