

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90267 007 \*\*\*150.00



DOCUMENT # F95000004683.  
 1. Entity Name  
 ODAAT DEVELOPING COMPANY, INC.

Principal Place of Business  
 289 WHITE HERON DR  
 SANTA ROSA BCH FL 32459  
 US

Mailing Address  
 289 WHITE HERON DR  
 SANTA ROSA BCH FL 32459  
 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

4. FEI Number 35-1931821  
 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

SCHUAMANN, R.P. II  
 289 WHITE HERON DRIVE  
 SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name: SCHUAMANN, RICHARD P. SR.  
 Street Address (P.O. Box Number is Not Acceptable): SAME  
 City: SAME FL Zip Code: SAME

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: *Richard P. Schumann Sr.* DATE: 4-25-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	SCHUAMANN, RICHARD P II	
STREET ADDRESS	289 WHITE HERON DR	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	VVC	<input checked="" type="checkbox"/> Delete
NAME	VANCE, TRACIE L	
STREET ADDRESS	211 MY WAY	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	SCHUAMANN, KATHY R	
STREET ADDRESS	289 WHITE HERON DR	
CITY-ST-ZIP	SANTA ROSA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUAMANN, DANIEL S	
STREET ADDRESS	81 EDGEWOOD TERR	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		RICHARD P. SCHUAMANN SR.	
STREET ADDRESS		SAME	
CITY-ST-ZIP		SAME	
TITLE	V	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		RICHARD P. SCHUAMANN II	
STREET ADDRESS		74 EDGEWOOD TERRACE	
CITY-ST-ZIP		SANTA ROSA BEACH, FL. 32459	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard P. Schumann Sr.* DATE: 4-25-04 DAYTIME PHONE #: 888-267-6055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR