


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000004683**  
 1. Entity Name  
**ODAA DEVELOPING COMPANY, INC.**



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



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc      Suite, Apt. #, etc

1st MOORE      CR2E034 (10/07)

City & State      City & State

4. FEI Number      Applied For  
**35-1931821**       Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**SCHAUMANN, RICHARD P SR.**  
**289 WHITE HERON DRIVE**  
**SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable      If OFF Registered Agent and Name requires when registering

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be Added to Fees  
 Trust Fund Contribution     

10. OFFICERS AND DIRECTORS		
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHAUMANN, RICHARD P SR.	
STREET ADDRESS	289 WHITE HERON DR	
CITY-STATE-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHAUMANN, RICHARD P II	
STREET ADDRESS	74 EDGEWOOD TERR.	
CITY-STATE-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHAUMANN, KATHY R	
STREET ADDRESS	289 WHITE HERON DR	
CITY-STATE-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAUMANN, DANIEL S	
STREET ADDRESS	81 EDGEWOOD TERR	
CITY-STATE-ZIP	SANTA ROSA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000929105	
CITY-STATE-ZIP	05/21/08-80055-014 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Kathy R Schumann, President*      2-24-08      (850) 267-6055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Phone #