

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 333532

Entity Name: JEFF M. ODOM INC.

**FILED**  
**Feb 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

921 SLOANS RIDGE RD  
GROVELAND, FL 34736 US

**New Principal Place of Business:**

**Current Mailing Address:**

921 SLOAN'S RIDGE RD  
GROVELAND, FL 34736 US

**New Mailing Address:**

921 SLOANS RIDGE RD  
GROVELAND, FL 34736 US

FEI Number: 59-1215764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ODOM, JEFF M.  
921 SLOANS RIDGE ROAD  
GROVELAND, FL 34736 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ODOM,JEFF M  
Address: 921 SLOANS RIDGE ROAD  
City-St-Zip: GROVELAND, FL 34736 US

Title: STD  
Name: ODOM,CAROLYN L  
Address: 921 SLOANS RIDGE ROAD  
City-St-Zip: GROVELAND, FL 34736 US

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: CAROLYN L. ODOM

STD

02/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date