


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90024 007 ***150.00

DOCUMENT # 345337 1. Entity Name ODOM HARDWOOD PRODUCTS, INC.					
Principal Place of Business 840 SW MAIN BLVD, STE 101 LAKE CITY, FL 32025			Mailing Address 840 SW MAIN BLVD, STE 101 LAKE CITY, FL 32025		
2. Principal Place of Business - No P.O. Box # 4424 NW American Lane		3. Mailing Address 4424 NW American Lane			
Suite, Apt. #, etc. STE 101		Suite, Apt. #, etc. STE 101			
City & State Lake City, FL		City & State Lake City, FL			
Zip 32055	Country Columbia	Zip 32055	Country Columbia	4. FEI Number 59-1267732	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOVART, PATRICIA B 4424 NW AMERICAN LN STE. 101 LAKE CITY, FL 32055			7. Name and Address of New Registered Agent Name Patricia B. Stuart Street Address (P.O. Box Number is Not Acceptable) 4424 NW American Lane STE 101 City Lake City FL Zip Code 32055		
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 <u>Patricia B Stuart</u> DATE <u>1/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ODOM, J.L. 840 SW MAIN BLVD, STE 101 LAKE CITY, FL 32025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BREWER, DAVID G 3994 NW COLONIAL GLEN LAKE CITY, FL 32055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>[Signature]</u> <u>[Signature]</u> <u>1/24/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					