

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000001460</b>	
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1. Entity Name  
**ODYSSEY DIVERSIFIED PROPERTIES, INC.**

Principal Place of Business <b>500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801</b>	Mailing Address <b>500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801</b>
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-0890546**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AIRTH, HAL A JR.  
500 SOUTH FLORIDA AVENUE, SUITE 700  
LAKELAND, FL 33801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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	CD	<input type="checkbox"/> Delete
NAME	<b>MAXWELL, LAWRENCE W</b>	
STREET ADDRESS	<b>500 SOUTH FLORIDA AVENUE, SUITE 700</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33801</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>U00000747396</b>
STREET ADDRESS	<b>05/17/07-80023-021 55.00</b>
CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>MAXWELL, LAWRENCE T</b>	
STREET ADDRESS	<b>500 SOUTH FLORIDA AVENUE, SUITE 700</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33801</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>DROST, WILLIAM</b>	
STREET ADDRESS	<b>500 SOUTH FLORIDA AVENUE, SUITE 700</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33801</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lawrence T Maxwell**

**4/27/07**

**863.647.1581**