


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

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|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # H26064 1. Entity Name BARRY & ODOM, INC. |  |
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|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business 4425 W. FAIRFIELD DRIVE PENSACOLA, FL 32506 | Mailing Address 4425 W. FAIRFIELD DRIVE PENSACOLA, FL 32506 |
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04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2459680 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BARRY, L. WILBUR 2711 E. KINGFIELD RD PENSACOLA, FL 32534 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BARRY, L. WILBUR 2711 E. KINGFIELD ROAD PENSACOLA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD ODOM, JOHN, III 2223 N.W. 102ND WAY GAINESVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BARRY, PATRICIA 2711 E. KINGFIELD ROAD PENSACOLA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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04/28/05-80051-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Patricia N. Barry / Patricia N. Barry / 4-26-05 / 850-968-9182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone