

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # K79719

1. Entity Name

O'DONNELL LANDSCAPING, INC.



Principal Place of Business

978 ORANGE CAMP ROAD
DELAND, FL 32724-4911

Mailing Address

978 ORANGE CAMP ROAD
DELAND, FL 32724-4911

DO NOT WRITE IN THIS SPACE



04152007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2955299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DREGGARS, RIGSBY & TEAL
1006 N WOODLAND BLVD STE A
DELAND, FL 32720

**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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME O'DONNELL, JOHN T
STREET ADDRESS 978 ORANGE CAMP ROAD
CITY-ST-ZIP DELAND, FL 327244911

TITLE T
NAME O'DONNELL, PAMELA J
STREET ADDRESS 978 ORANGE CAMP ROAD
CITY-ST-ZIP DELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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0000000740224
05/14/07-80058-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-23-07

386
804-2524