

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001673

FILED
Mar 05, 2004
Secretary of State

Entity Name: O'DELL ENTERPRISES INC.

Current Principal Place of Business:

1865 E. 2000 SO.
GOODING, ID 83330

New Principal Place of Business:

12140 COLLEGIATE WAY #105
ORLANDO, FL 32817 US

Current Mailing Address:

1865 E. 2000 SO.
GOODING, ID 83330

New Mailing Address:

12140 COLLEGIATE WAY #105
ORLANDO, FL 32817 US

FEI Number: 68-0535946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'DELL, PATRICK
3738 ARISTOTLE AVE.
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

O'DELL, DAVID P
9876 BUBBLING BROOK COURT
ORLANDO, FL 32765 US

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: DAVID P. O'DELL

03/05/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: PS () Delete
Name: O'DELL, D. PATRICK
Address: 3738 ARISTOTLE AVE.
City-St-Zip: ORLANDO, FL 32826

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: O'DELL, DAVID P
Address: 9876 BUBBLING BROOK COURT
City-St-Zip: ORLANDO, FL 32765 US

Title: MGRM () Change (X) Addition
Name: O'DELL, DAVID A
Address: 1865 EAST 2000 SOUTH
City-St-Zip: GOODING, ID 83330 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID P. O'DELL

P

03/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date