

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 12 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063149

1. Entity Name  
O'DONNELL CONSTRUCTION, INC.



Principal Place of Business

2420 FORSYTH RD  
ORLANDO, FL 32807

Mailing Address

2420 FORSYTH RD  
ORLANDO, FL 32807

**DO NOT WRITE IN THIS SPACE**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3731034	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

O'DONNELL, BRIAN  
2420 FORSYTH RD  
ORLANDO, FL 32807

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	DPST O'DONNELL, BRIAN 2420 FORSYTH RD ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUTHRIE, KENNETH 2420 FORSYTH RD ORLANDO, FL 32807
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05/18/04--01052--020 \*\*558.75

**DO NOT WRITE  
IN THIS SPACE**

*12M  
5/12*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

5/1/04 407-948-0307