

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000105885**

1. Entity Name  
O'DONNELL & ASSOCIATES ENTERPRISES, INC.



Principal Place of Business  
529 GRAND VISTA TRAIL  
LEESBURG, FL 34748

Mailing Address  
529 GRAND VISTA TRAIL  
LEESBURG, FL 34748

**DO NOT WRITE IN THIS SPACE**



08222005 No Chg-P CR2E034 (10/03)

4. FEI Number  
23-2860974

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

O'DONNELL, JOHN  
529 GRAND VISTA TRAIL  
LEESBURG, FL 34748

**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  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'DONNELL, GERALDINE
STREET ADDRESS	529 GRAND VISTA TRAIL
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D
NAME	O'DONNELL, JOHN J
STREET ADDRESS	529 GRAND VISTA TRAIL
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000377892  
09/07/05-80019-015 150.00

**DO NOT WRITE  
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)(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: *Geraldine O'Donnell* Date: *9-2-05* Daytime Phone #: *8352-323-4930*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR