

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000054696**  
 1. Entity Name  
**ODENS NEW RIVER RANCH, INC.**



Principal Place of Business      Mailing Address  
 19645 N W COUNTY ROAD (CR) 235      19645 N W COUNTY ROAD (CR) 235  
 LAKE BUTLER, FL 32054      LAKE BUTLER, FL 32054

**DO NOT WRITE IN THIS SPACE**



03042005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**41-2042754**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 ODEN, JAMES (EDDIE) E  
 19645 N W COUNTY ROAD (CR) 235  
 LAKE BUTLER, FL 32054

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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 re-registering)      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	P
NAME	ODEN, JAMES (EDDIE) E
STREET ADDRESS	19645 N W COUNTY ROAD (CR) 235
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	ST
NAME	ODEN, MARIE M
STREET ADDRESS	19645 N W COUNTY ROAD (CR) 235
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 03/10/05-80002-024 150.00

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:** *James E. Oden*      3-8-05      (386)496-3050  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #