


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000132266
 1. Entity Name
 O'DANIEL, BELL & COMPANY, INC.



Principal Place of Business Mailing Address
 25 W CEDAR STREET 25 W CEDAR STREET
 SUITE 311 SUITE 311
 PENSACOLA, FL 32501 US PENSACOLA, FL 32501 US



01302006 No Chg-P CR2E034 (11/05)

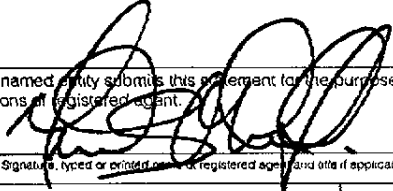
DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3722950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 O'DANIEL, MICHAEL S JR
 2800 BLACKSHEAR DRIVE
 PENSACOLA, FL 32503

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8. The above named entity submits this agreement 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:  DATE: 2/21/06
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000444061
 03/06/06-80036-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'DANIEL, MICHAEL S JR 2800 BLACKSHEAR DRIVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BELL, ANDREW 1252 HOLIDAY DRIVE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

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 authorized 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:  Michael O'Daniel 2/21/06 850-4650178
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #