


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90040 024 ***150.00

DOCUMENT # P03000070371					
1. Entity Name ODILE & CO. INC.					
Principal Place of Business 228 MAIN STREET SAFETY HARBOR, FL 34695			Mailing Address 228 MAIN STREET SAFETY HARBOR, FL 34695		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0473285	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DECANDIA, ODILE 228 MAIN STREET SAFETY HARBOR, FL 34695			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECANDIA, ODILE 15734 MUIRFIELD DR ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>de Candia, Odile 228 Main St. Safety Harbor, FL 34695</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Odile de Candia</i>			Day: <i>1/16/05</i> Daytime Phone #: <i>727-791-6907</i>		

Douglas F. Edwards, CPA, PA

Certified Public Accountant
4025 Tampa Road, Suite 1111
Oldsmar, FL 34677

Pinellas: 727-447-8888

Hillsborough: 813-855-5433

Fax: 813-855-6010

Douglas F. Edwards, CPA

January 11, 2005

Florida 2005 For Profit Corporation Annual Report

To: **Odile & Co., Inc.**

1. This tax will be **LATE** after..... April 30, 2005
2. Please make your check for..... \$150.00 (after April 30, 2005, the fee is \$550.00!)
3. Payable to..... **FLORIDA DEPARTMENT OF STATE**
4. Write your Federal ID Number (51-0473285) on your check.
5. This is for payment of your..... **Florida 2005 Annual Report Filing Fee**
6. Have a Corporate Officer sign the enclosed Form on line 12 at the bottom before mailing.
7. Mail the attached forms using the envelope provided, to: Or file online at: www.sunbiz.org

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

8. Retain a signed COPY of the Form for your records.
9. Forward a copy of the signed Annual Report to my office, for my records.

COMPLETE THE FOLLOWING INFORMATION AND RETURN THIS FORM TO US:

Date paid 1/17/05 Amount paid \$ 150.00 CK# 1255

If you have any questions, please call us.

Douglas F. Edwards, CPA, PA