

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90194 042 ***150.00

DOCUMENT # P04000015886

1. Entity Name
O.D.R., INC.



Principal Place of Business
2813 S. HIAWASSEE ROAD
SUITE 201
ORLANDO, FL 32835

Mailing Address
2813 S. HIAWASSEE ROAD
SUITE 201
ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0604248

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITFIELD, GARRY D CPA
2813 S. HIAWASSEE ROAD
SUITE 201
ORLANDO, FL 32835

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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, 2006 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 TREMONTI, MARK T
STREET ADDRESS 2813 S. HIAWASSEE RD, STE 201
CITY-ST-ZIP ORLANDO, FL 32835

TITLE V
NAME PHILLIPS, THOMAS S
STREET ADDRESS 2813 S. HIAWASSEE RD, STE 201
CITY-ST-ZIP ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 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

4/26/06

Date

408-395-9515

Daytime Phone #