

2007. FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90065 007 ***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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2243 Cairns Ct.
Orlando, FL
32835 US

20 N. Santa Cruz Ave
Suite A
Los Gatos, CA
95030 US

04252007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

N
S David Johnson
2243 Cairns Ct.
Orlando, FL 32835
C

L Zip Code

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

4/26/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TREMONTI, MARK T ☐ Delete
STREET ADDRESS 2813 S. HIAWASSEE RD, STE 201
CITY-ST-ZIP ORLANDO, FL 32835

TITLE
NAME 2243 Cairns Ct. ☒ Change ☐ Addition
STREET ADDRESS Orlando, FL 32835
CITY-ST-ZIP

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

TITLE
NAME 2243 Cairns Ct. ☒ Change ☐ Addition
STREET ADDRESS Orlando, FL 32835
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

4/26/07

Date

408-395-9515

Daytime Phone #