2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005
Secretary of State

DOCUMENT# P04000018616

Entity Name: DEAN ODOM CABINETS, INC.

Current Principal Place of Business:

8309 PAMPLONA ST
NAVARRE, FL 32566

New Principal Place of Business:

2033 BURJONIK DRIVE
NAVARRE, FL 32566

Current Mailing Address:

8309 PAMPLONA ST
NAVARRE, FL 32566

New Mailing Address:

2033 BURJONIK DRIVE
NAVARRE, FL 32566

FEI Number: 20-0542176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, JAMES C
3895 WINONA DR
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ODOM, DEAN
Address: 8309 PAMPLONA ST
City-St-Zip: NAVARRE, FL 32566

Title: V ( ) Delete
Name: HOLMES, ROBERT D
Address: 8309 PAMPLONA ST
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ODOM, DEAN
Address: 2033 BURJONIK DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: V (X) Change ( ) Addition
Name: HOLMES, ROBERT D
Address: 2033 BURJONIK DRIVE
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN ODOM P 08/16/2005

Electronic Signature of Signing Officer or Director Date