


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90066 006 \*\*\*158.75

<b>DOCUMENT # P04000018799</b>					
1. Entity Name <b>THE WORKS BY ODOM, INC.</b>					
Principal Place of Business <b>15534 SE 58TH TERR MICANOPY FL 32667</b>			Mailing Address <b>15534 SE 58TH TERR MICANOPY FL 32667</b>		
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 <b>73-1695042</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ODOM, JANICE 15534 SE 58TH TERR MICANOPY FL 32667</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 <i>Janice Odom</i>				DATE <i>2/14/2005</i>	
Signature typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, JANICE			NAME	
STREET ADDRESS	15534 SE 58TH TERR			STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL 32667			CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEHGAN, MICHAEL			NAME	<i>Jeffrey Odom</i>
STREET ADDRESS	15534 SE 58TH TERR			STREET ADDRESS	<i>15534 SE 58th Terrace</i>
CITY-ST-ZIP	MICANOPY FL 32667			CITY-ST-ZIP	<i>Micanopy FL 32667</i>
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEMPERT, AARON			NAME	<i>Yvette Driggers</i>
STREET ADDRESS	15534 SE 58TH TERR			STREET ADDRESS	<i>4140 NW 19th Drive</i>
CITY-ST-ZIP	MICANOPY FL 32667			CITY-ST-ZIP	<i>Gainesville, FL 32605</i>
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, ALLISON			NAME	
STREET ADDRESS	15534 SE 58TH TERR			STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL 32667			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

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:** *Janice Odom* *2/14/05* *352-466-0190*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #