

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000035034

1. Entity Name
ODELL SPROUSE, INC.



Principal Place of Business
1717 LAKE SHORE DR
SAINT CLOUD, FL 34769

Mailing Address
1717 LAKE SHORE DR
SAINT CLOUD, FL 34769



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0785197
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPROUSE, ODELL L SR
1717 LAKE SHORE DR
SAINT CLOUD, FL 34769

**DO NOT WRITE
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

Odell L. Sprouse
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

**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

U00000745970
05/16/07-80049-023 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, D
SPROUSE, ODELL L SR
1717 LAKE SHORE DR
SAINT CLOUD, FL 34769

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SPROUSE, ODELL L JR
1717 LAKE SHORE DR
SAINT CLOUD, FL 34769

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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

ODELL L. SPROUSE SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/07 407-709-3522
Daytime Phone #