2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # P0400054134 1. Entity Name DAVID A. ODOM, INC.)	05-02-2007	90092 0	015 ***15	50.00
Principal Place of Business 8535 HIGH SCHOOL BOULEVARD NAVARRE, FL 32566		Mailing Address 8535 HIGH SCHOOL BOULEVARD NAVARRE, FL 32566				:	ei iipae mia eie	1981 SI 1881	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007	Chg-P	CR2E0:	34 (12/06)		
City & State		City & State		4. FEI Numbe			}	plied For t Applicable	
Zip	Country	Zip	Coun	itry		of Status Desired		\$8.75 Add Fee Require	litional
	6. Name and Address of Current	t Registered Agent	<u></u>		7. Name and	Address of New R	egistered A	gent	
			Name						
ODÓM, DAVID A 8535 HIGH SCHOOL BOULEVARD NAVARRE, FL 32566				Street Address (P.O. Box Number is Not Acceptable)					
NAVARRE	, FL 32300								
				City			FL	Zip Code	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s register	ed office or registe	ered agent, or both	n, in the State of Flo	orida. 1 am 1	amiliar with,	and accept
SIGNATURE.		WA ART -							
	Signature, typed or printed name of registered agent	(and title if applicable. (NO	TE: Registere	ki Agent signature require	ed when reinstating)		DATE		
	E NOWIII FEE IS \$150.00 by 1, 2007 Fee will be \$550.	9. Election Campa	aign Finar	ncing _ \$5	5.00 May Be ided to Fees		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Cor	aign Finar	ncing \$5	5.00 May Be Ided to Fees	CHANGES TO OFF			
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After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campring Trust Fund Con DIRECTORS	aign Finar tribution. 11. TITU NAM STRE	ncing \$\$	5.00 May Be Ided to Fees	CHANGES TO OFF			
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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 of 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 employeed 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:

DAVID A. ODOM

4-28-0

850 291-7901 Dayline Phone #