

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155938

Entity Name: D. A. ODOM, INC.

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

753 OAK DR  
GROVELAND, FL 34736 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 341  
LAKE PANASOFFKES, FL 335380341 US

## New Mailing Address:

753 OAK DRIVE  
GROVELAND, FL 34736 US

FEI Number: 20-1881215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ODOM, DALE A  
P. O. BOX 341  
LAKE PANASOFFKES, FL 335380341 US

## Name and Address of New Registered Agent:

ODOM, DALE A  
753 OAK DRIVE  
GROVELAND, FL 34736 US

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: DALE ODOM

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: ODOM, DALE A  
Address: P. O. BOX 341  
City-St-Zip: LAKE PANASOFFKES, FL 335380341 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: ODOM, DALE A  
Address: 753 OAK DRIVE  
City-St-Zip: GROVELAND, FL 34736 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DALE ODOM

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date