2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008
Secretary of State

DOCUMENT# P05000086826

Entity Name: ODIS PAINTING, INC.

Current Principal Place of Business:

1919 N MOBILE VILLA DR
TAMPA, FL 33549 US

New Principal Place of Business:

1919 N MOBILE VILLA DR
LUTZ, FL 33549 US

Current Mailing Address:

1919 N MOBILE VILLA DR
TAMPA, FL 33549 US

New Mailing Address:

1919 N MOBILE VILLA DR
LUTZ, FL 33549 US

FEI Number: 36-4576713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, CLIFFORD O
1919 N MOBILE VILLA DR
TAMPA, FL 33549 US

Name and Address of New Registered Agent:

MARTIN, CLIFFORD O
1919 N MOBILE VILLA DR
LUTZ, FL 33549 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: CLIFFORD O MARTIN 05/09/2008
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: CLIFFORD, MARTIN O
Address: 1919 N MOBILE VILLA DR
City-St-Zip: TAMPA, FL 33549 US

Title: S ( ) Delete
Name: MABRY, JONATHAN D
Address: 1919 N MOBILE VILLA DR
City-St-Zip: TAMPA, FL 33549 US

Title: T ( ) Delete
Name: ALLEN, JAMES W JR
Address: 1919 N MOBILE VILLA DR
City-St-Zip: TAMPA, FL 33549 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: STAGG, GEOFFREY D
Address: 201 WEST CURTIS ST
City-St-Zip: TAMPA, FL 33603 US

Title: T (X) Change ( ) Addition
Name: ALLEN, JAMES W JR
Address: 1919 N MOBILE VILLA DR
City-St-Zip: LUTZ, FL 33549 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: CLIFFORD O MARTIN P 05/09/2008
Electronic Signature of Signing Officer or Director Date