

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90039 009 ***150.00

DOCUMENT # P07000056712	
1. Entity Name ODIN ENTERPRISES, INC.	

Principal Place of Business 4125-A FOWLER STREET FORT MYERS, FL 33901 US	Mailing Address C/O COSTELLO & ROYSTON, LLP PO DRAWER 60205 FORT MYERS, FL 33906 US
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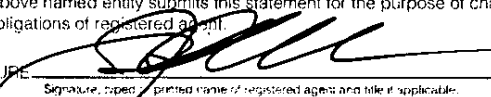
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. John M. WICKER, P.A. P.O. DRAWER 60205
City & State	City & State FORT MYERS, FL 33906
Zip	Country

	
01182008 Chg-P	CR2E034 (12/06)
4. FEI Number 26-0160150	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL FL	

7. Name and Address of New Registered Agent	
JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907	

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.

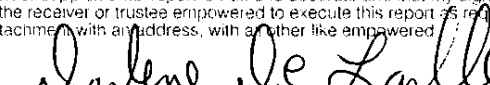
SIGNATURE  DATE **3/25/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P DELAURELLE, BRUCE 1105 SE 17TH ST. CAPE CORAL, FL 33990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAURELLE, DARLENE 1105 SE 17TH ST. CAPE CORAL, FL 33990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELAURELLE, DARLENE 1105 SE 17TH ST. CAPE CORAL, FL 33990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T DELAURELLE, DARLENE 1105 SE 17TH ST. CAPE CORAL, FL 33990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:  **3-17-08 239-939-7340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR