## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P95000043672**

**ODEN HOMES REALTY, INC.** 



**FILED** Mar 29, 2007 08:00 A Secretary of State

Principal Place of Business

6201 CORTEZ RD W. BRADENTON, FL 34210 Mailing Address

6201 CORTEZ RD W. BRADENTON, FL 34210



01242007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0588139

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

BARNES, GARRET T 3119 MANATEE AVE. WEST BRADENTON, FL 34205

**SIGNATURE:** 

## 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  Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ODEN, KEVIN S 6201 CORTEZ RD W. BRADENTON, FL 34210					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTENS, ROSE 6201 CORTEZ RD W. BRADENTON, FL 34210			000000681568 04/04/07-80048-011 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 supplier ental 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 of 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.						

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR