2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000089034

1. Entity Name
ODOM'S INTERIORS, INC.

Principal Place of Business	Mailing Address
352 ALEXANDER ST MOUNT DORA, FL 32757	350 ALEXANDER ST MOUNT DORA, FL 32757

DO NOT WRITE IN THIS SPACE

02082006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3352335	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required
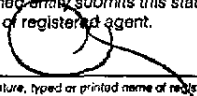
6. Name and Address of Current Registered Agent

BRYIE, CLARISSA O
7362 LAKE OLA DR
TANGERINE, FL 32777

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 _____   2-10-06

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees
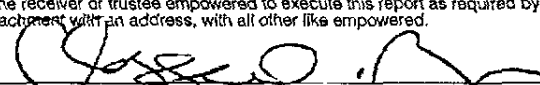
10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BRYIE, CLARISSA O
STREET ADDRESS	7362 LAKE OLA DR.
CITY-ST-ZIP	TANGERINE, FL 32777

TITLE	VP
NAME	BRYIE, DAVID A
STREET ADDRESS	7362 LAKE OLA DR.
CITY-ST-ZIP	TANGERINE, FL 32777

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

0000439022
02/28/06-80071-018 150.00

DO NOT WRITE
IN THIS SPACE

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 all other like empowered.

SIGNATURE: _____   2-10-06   352-383-243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #