2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: _

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P96000070482 1. Entity Name 04-30-2007 90437 020 ***150.00 O'DELL REAL ESTATE DEVELOPMENT CO. Principal Pface of Business Mailing Address **4800 HEATHE DRIVE** 4800 HEATHE DRIVE 40090457 TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32309 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3398214 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'DELL, LARRY Street Address (P.O. Box Number is Not Acceptable) 4800 HEATHE DRIVE TALLAHASSEE, FL 32309 City Zip Code 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 title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PITIO TITLE Delete TITLE Change Change O'Dell, Larry K. 4800 Heathe Drive O'DELL, LARRY HAME NAME STREET ADDRESS **4800 HEATHE DRIVE** STREET ADDRESS Tallahassee, FL 32309 TALLAHASSEE, FL 32309 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE TITLE O'Dell, Ryan S. 1368 Summer brook Drive HAME STREET ADDRESS STREET ADDRESS Middleburg, FL 32068 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TOTALE O'Dell, Janet H. 4800 Heathe Drive NAME NAME STREET ADDRESS STREET ADDRESS Tallahassee, FL 32309 CITY-ST-ZiP City-St-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP गाह ☐ Delete TEUF ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 12. Thereby 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.

FILED

Daytime Phone #