2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000029658

1. Entity Name
ODS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1327 S ORANGE AVENUE SARASOTA, FL 34239	5900 S TAMIAMI TRAIL SUITE I SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE

01082004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0745797	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRACY, CATHERINE L
5900 S TAMIAMI TRAIL
SUITE I
SARASOTA, FL 34231

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 _Catherine L. Tracy_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE _1-20-04_

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000154610 05/05/04-80004-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MARCUS, CONNIE M
STREET ADDRESS	1327 S ORANGE AVE
CITY-ST-ZIP	SARASOTA, FL 34239

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Connie M Marcus_   _Connie Marcus_   _4/26/04_   _941 9540288_

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