

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90421 020 \*\*\*150.00

**DOCUMENT # P98000051927**

1. Entity Name  
**ODESSEY INC**



Principal Place of Business  
**ODESSEY, INC.**  
**10731 SR 52**  
**HUDSON, FL 34669**

Mailing Address  
**9420 GABLE LANE**  
**PORT RICHEY, FL 34668**

**14014576**



2. Principal Place of Business

3. Mailing Address  
**9420 Gableton Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005 Chg-P CR2E034 (10/03)

City & State

City & State  
**Port Richey FL**

4. FEI Number  
**52-2090497**

Applied For  
Not Applicable

Zip Country

Zip Country

**34668**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEFFEAU, JOSEPH**  
**9420 GABLETON LANE**  
**PORT RICHEY, FL 34668**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**TEFFEAU, JOSEPH**  
**9420 GABLETON LANE**  
**PORT RICHEY, FL 34668** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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:

*Joseph Teffeau*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/05** **727-857-2119**  
Date Daytime Phone #