2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V48433

1. Entity Name
ODUM CONSTRUCTION CO. OF PALM BEACHES, INC.



Principal Place of Business

part face of business

4152 W. BLUE HERON BLVD

RIVIERA BEACH, FL 33404 US

Mailing Address

4152 W. BLUE HERON BLVD

115

DO NOT WRITE IN THIS SPACE

RIVIERA BEACH, FL 33404

FILED Mar 19, 2007 08:00 AM Secretary of State



03132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0346715

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ODUM, MICHAEL J. 4152 W. BLUE HERON BLVD 115

RIVIERA BEACH, FL 33404

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ODUM, MICHAEL J. 4152 W. BLUE HERON BLVD # 115 RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS	

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12. Thereby certify that the information supplied with this tiling 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 accusate 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 trustae 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/07

561-841-9877

Daytime Prior