


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90030 011 ***150.00

DOCUMENT # P99000001785			
1. Entity Name ODAGON, INC.			
Principal Place of Business 1257 GREENVIEW LANE GULF BREEZE, FL 32563		Mailing Address 1257 GREENVIEW LANE GULF BREEZE, FL 32563	
2. Principal Place of Business 1159 Lionsgate Lane Suite, Apt. #, etc.		3. Mailing Address 1159 Lionsgate Lane Suite, Apt. #, etc.	
City & State Gulf Breeze, FL		City & State Gulf Breeze, FL	
Zip 32563	Country US	Zip 32563	Country US
6. Name and Address of Current Registered Agent LYNCH, DANIEL A 1257 GREENVIEW LANE GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent Name Lynch, Daniel A Street Address (P.O. Box Number is Not Acceptable) 1159 Lionsgate Lane City Gulf Breeze FL Zip Code 32563	
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: <i>Daniel A. Lynch</i> DATE: 3/29/04 <small>Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P LYNCH, DANIEL A 1257 GREENVIEW LANE GULF BREEZE, FL 32563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lynch, Daniel A 1159 Lionsgate Lane Gulf Breeze, FL 32563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Daniel A. Lynch</i>		Date: 3/29/04 Daytime Phone #: 850-934-9997	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



02292004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3545782 Applied For Not Applicable

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