


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90115 032 ***150.00

DOCUMENT # P99000001785	
1. Entity Name ODAGON, INC.	

Principal Place of Business 1159 LIONSGATE LANE GULF BREEZE, FL 32563	Mailing Address 1159 LIONSGATE LANE GULF BREEZE, FL 32563
---	---

50029219



2. Principal Place of Business 13830 Spyglass Hill Cir Suite, Apt. #, etc.	3. Mailing Address 13830 Spyglass Hill Cir Suite, Apt. #, etc.
--	--

03012005 Chg-P CR2E034 (10/03)

City & State Chesterfield, VA	City & State Chesterfield, VA	4. FEI Number 59-3545782	Applied For <input type="checkbox"/> Not Applicable
Zip 23832	Country US	Zip 23832	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

8. Name and Address of Current Registered Agent LYNCH, DANIEL A 1159 LIONSGATE LANE GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent Name Scott G. Hamilton, CPA Street Address (P.O. Box Number is Not Acceptable) 900 E Avery Street City Pensacola FL Zip Code 32503	
--	--	---	--

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 *Scott G. Hamilton*, Scott G. Hamilton 03/01/05
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	-----------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME LYNCH, DANIEL A STREET ADDRESS 1159 LIONSGATE LANE CITY-ST-ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE P NAME Daniel A Lynch STREET ADDRESS 13830 Spyglass Hill Cir CITY-ST-ZIP Chesterfield, VA 23832
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE
			<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: *Daniel A Lynch*, Daniel A Lynch, President x 3/18/05 X 804.7393456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #