


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90359 030 \*\*\*150.00

**DOCUMENT # F69956**  
 1. Entity Name  
**THE TODD GROUP, INC.**



Principal Place of Business 5017 HAINES RD. N. ST PETERSBURG, FL 33714	Mailing Address 5017 HAINES RD. N. ST PETERSBURG, FL 33714
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**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2173772	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 TODD, THOMAS N  
 5017 HAINES RD.  
 ST. PETERSBURG, FL 33714

**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 *Thomas N. Todd* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	PDS TODD, THOMAS N 6310 BAHAMA SHORES DRIVE SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TODD, CHRISTINA A 6310 BAHAMA SHORES DRIVE SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TODD, MICHAEL T 6701 COLONY POINT DR, S SAINT PETERSBURG, FL 33705
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 exemptions contained in Chapter 119, 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: *Thomas N. Todd* (727) 526-6459  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #