

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F69956

Entity Name: THE TODD GROUP, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

5017 HAINES RD. N.
ST PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

5017 HAINES RD. N.
ST PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 59-2173772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TODD, THOMAS N
5017 HAINES RD.
ST. PETERSBURG, FL 33714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: TODD, THOMAS N
Address: 6310 BAHAMA SHORES DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DT () Delete
Name: TODD, CHRISTINA A
Address: 6310 BAHAMA SHORES DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VP () Delete
Name: TODD, MICHAEL T
Address: 6701 COLONY POINT DR, S
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS N TODD

PDS

03/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date