

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 636373 1. Entity Name TODD BUILDING CORPORATION	
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Principal Place of Business 400 WEBSTER ST. LEESBURG, FL 34748	Mailing Address 400 WEBSTER ST. LEESBURG, FL 34748
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02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-0899779	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PULLUM, J. STEPHEN 1330 W. CITIZENS BLVD. SUITE 701 LEESBURG, FL 34748
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**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

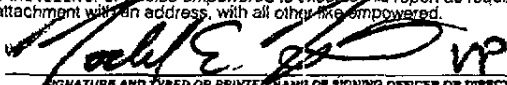
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000513276
04/29/06-80121-014 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, MAUD F C/O TODD FISCHER 116 WOLF ROAD ALBANY, NY 12205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FISCHER, TODD E C/O EQUINOX 116 WOLF ROAD ALBANY, NY 12205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO MOEHLING MOEHLING, MELANIE J 209 SOUTH COLD SPRINGS RD. WOODSTOCK, IL 60098
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:  **VP** **4.12.06** **518.458.218**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #