


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90030 050 \*\*\*150.00

<b>DOCUMENT # 636373</b>	
1. Entity Name <b>TODD BUILDING CORPORATION</b>	

Principal Place of Business <b>400 WEBSTER ST. LEESBURG, FL 34748</b>	Mailing Address <b>400 WEBSTER ST. LEESBURG, FL 34748</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>16-0899779</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

01052008 Chg-P CR2E034 (12/06)

**50000375**



6. Name and Address of Current Registered Agent  <b>PULLUM, J. STEPHEN 1330 W. CITIZENS BLVD. SUITE 701 LEESBURG, FL 34748</b>	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, MAUD F <input checked="" type="checkbox"/> Delete C/O TODD FISCHER 116 WOLF ROAD ALBANY, NY 12205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FISCHER, TODD E <input type="checkbox"/> Delete C/O EQUINOX 116 WOLF ROAD ALBANY, NY 12205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOEHUNG, MELANIE J <input type="checkbox"/> Delete 209 SOUTH COLD SPRINGS RD. WOODSTOCK, IL 60098
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fischer, Todd E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o 116 Wolf Road Albany, NY 12205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Todd E. Fischer **TODD E. FISCHER** **3-17-08** **518-458-2118**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #