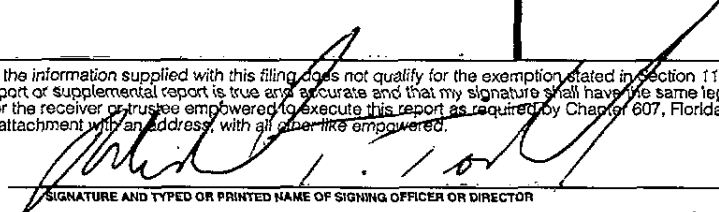


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
		 06302004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2173772
		Applied For ☐ Not Applicable
		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		000000163820 07/07/04-80019-007 558.75
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 6310 BAHAMA SHORES 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		
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: 		6/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #