

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90014 003 \*\*\*150.00

**DOCUMENT # G13749**

1. Entity Name  
**TOD-SIROD, INC.**



Principal Place of Business  
**C/O GENE M. PRANZO  
230 PARK AVE 26TH FLOOR  
NEW YORK, NY 10169 US**

Mailing Address  
**C/O GENE M. PRANZO  
230 PARK AVE 26TH FLOOR  
NEW YORK, NY 10169 US**

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**13-3148132**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

**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 \$150.00  
After May 1, 2005 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	SD PRANZO, GENE M 230 PARK AVE 26T FLOOR NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TALFORD, DORIS K C/O GENE M. PRANZO, 230 PARK AVE 26TH FL NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TALFORD, RICHARD S. C/O GENE M. PRANZO, 230 PARK AVE 26TH FL NEW YORK, NY 10169
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 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: Gene M. Pranzo **GENE M. PRANZO SD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05 **(212) 682-3700**  
Date Daytime Phone #