

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G86401

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** TOM DODD & ASSOCIATES, INC.

**Current Principal Place of Business:**

2225 E EDGEWOOD DR STE 2  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

2929 LAKELAND HIGHLANDS RD  
SUITE 1  
LAKELAND, FL 33803 US

**Current Mailing Address:**

2225 E EDGEWOOD DR STE 2  
LAKELAND, FL 33803 US

**New Mailing Address:**

2929 LAKELAND HIGHLANDS RD  
SUITE 1  
LAKELAND, FL 33803 US

**FEI Number:** 59-2383392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DODD, THOMAS C.  
2225 E EDGEWOOD DR STE 2  
LAKELAND, FL 33803 US

**Name and Address of New Registered Agent:**

DODD, THOMAS C.  
2929 LAKELAND HIGHLANDS RD  
SUITE 1  
LAKELAND, FL 33803 US

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: THOMAS C. DODD

01/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DODD, THOMAS C.  
Address: 2929 LAKELAND HIGHLANDS RD  
City-St-Zip: LAKELAND, FL 33803

Title: STD  
Name: DODD, KATHRYN  
Address: 2929 LAKELAND HIGHLANDS RD  
City-St-Zip: LAKELAND, FL 33803

I hereby 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 all other like empowered.

SIGNATURE: THOMAS C.DODD

PRES

01/04/2011

Electronic Signature of Signing Officer or Director

Date