

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H14998

Entity Name: TODD CLAIM SERVICE, INC.

FILED
Jul 26, 2005
Secretary of State

Current Principal Place of Business:

2-B PARK CIRCLE SE
FT WALTON BCH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2124
FT WALTON BCH, FL 32549 US

New Mailing Address:

FEI Number: 59-2437486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TODD, WILLIAM SCOTT
PO BOX 2124
2-B PARK CIRCLE SE
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

TODD, WILLIAM S
2-B PARK CIRCLE SE
FT. WALTON BEACH, FL 32548 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: WILLIAM SCOTT TODD

07/26/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: TODD, CHARLES H,
Address: 2-B PARK CIRCLE SE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: PTD () Delete
Name: TODD, WILLIAM SCOTT,
Address: 2-B PARK CIRCLE SE
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: KAREN L. GOUDELOCK,
Address: 3 JAPONICA LANE
City-St-Zip: SHALIMAR, FL 32579

Title: PTD (X) Change () Addition
Name: TODD, WILLIAM SCOTT,
Address: 525 POCAHONTAS
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM SCOTT TODD

PTD

07/26/2005

Electronic Signature of Signing Officer or Director

Date