

# 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. GOODELOCK,  
Address: 3 JAPONICA LANE  
City-St-Zip: SHALIMAR, FL 32579

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

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 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