

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # H96388					
1. Entity Name TOD BOOTH PRODUCTIONS, INC.					
Principal Place of Business 12000 BEACH BOULEVARD JACKSONVILLE, FL 32246			Mailing Address 12000 BEACH BOULEVARD JACKSONVILLE, FL 32246		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01112005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-1199233				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOOTH, TOD 12000 BEACH BOULEVARD JACKSONVILLE, FL 32216				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 retreating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BOOTH, TOD		NAME		
STREET ADDRESS	12000 BEACH BLVD		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL		CITY- ST- ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BOOTH, LISA VALDINI		NAME		
STREET ADDRESS	12000 BEACH BLVD		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL		CITY- ST- ZIP		
TITLE	AS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CARLSON, DOUG		NAME		
STREET ADDRESS	12000 BEACH BLVD		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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)(f), 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: _____			4/27/05 (904) 642-9307		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		