

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22243

FILED
Jan 09, 2004
Secretary of State

Entity Name: TODD-DORROH INSURANCE, INC.

Current Principal Place of Business:

4980 NORTH PINE ISLAND ROAD
LAUDERHILL, FL 33351

New Principal Place of Business:

Current Mailing Address:

4980 NORTH PINE ISLAND ROAD
LAUDERHILL, FL 33351

New Mailing Address:

FEI Number: 59-2680728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TODD, FRANCINE
6910 SW 7TH CT
N LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: TODD, FRANCINE M.,
Address: 6910 S.W. 7TH CT.
City-St-Zip: N. LAUDERDALE, FL 33068

Title: VP () Delete
Name: TINA TODD,
Address: 5233 N.W. 96TH AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: VP () Delete
Name: HARDCASTLE, NANCY
Address: 6910 S.W. 7TH COURT
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VP () Delete
Name: TODD, KEENER J
Address: 9489 N.W. 19TH PLACE
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCINE TODD

PST

01/09/2004

Electronic Signature of Signing Officer or Director

Date