

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90307 008 ***150.00

DOCUMENT # K04349

1. Entity Name

TODD REALTY AND MANAGEMENT, INC.



Principal Place of Business

~~1401 N ATLANTIC AVE~~
~~DAYTONA BEACH FL 32118~~
US

Mailing Address

~~1401 N ATLANTIC AVE~~
~~DAYTONA BEACH FL 32118~~
US

2. Principal Place of Business

182 S. Yorge Street

Suite, Apt. #, etc.

3. Mailing Address

182 S. Yorge ST

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32174

Country

USA

Zip

32174

Country

USA

4. FEI Number

59-2862262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARGARET, TODD A
1401 N ATLANTIC AVE
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

182 S. Yorge ST.

City

Ormond Beach, FL

FL

Zip Code

32174

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

Margaret A. Todd

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 6, 2005

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
TODD, MARGARET A.
293 MELROSE AVENUE
ORMOND BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 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:

Margaret A. Todd

MARGARET A. TODD

March 6, 2005

386-673-1169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #