2006 FOR PROFIT CORPORATION ANNUAL REPORT

07-11-2006 90024 021 ***150.00
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STATE FLORIDA

DOCUMENT # P01000002031

1. Entity Name
C. TODD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 12288 NAPLES, FL 34101-2288	P.O. BOX 12288 NAPLES, FL 34101-2288

07062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5760 Shirley St.	
Suite, Apt. #, etc.: #11	Suite, Apt. #, etc.
City & State: Naples, FL	City & State
Zip: 34109 Country	Zip Country

4. FEI Number: 59-3689078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TODD, C C 2272 AIRPORT ROAD, SO. #203 NAPLES, FL 34112	Name: Street Address (P.O. Box Number is Not Acceptable): 5760 Shirley St. #11 City: Naples FL Zip Code: 34109

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: C. Todd C. TODD DATE: 7/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TODD, C P.O. BOX 12288 NAPLES, FL 341012288 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: C. Todd C. TODD 6/9/06 239-597-3515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

* per conversation w/ C. Todd, AR corrected & mailed back in Aug. Our office never received corrected doc. Fee