



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006 8:00 am
Secretary of State

09-13-2006 90022 001 *****8.75
 09-13-2006 90022 002 ***150.00

66024025



09082008 Chg-P CR2E034 (11/05)

DOCUMENT # P01000028459					
1. Entity Name A & T TODD, INC.					
Principal Place of Business 12525 DEERBERRY LANE TAMPA, FL 33626			Mailing Address 12525 DEERBERRY LANE TAMPA, FL 33626		
2. Principal Place of Business 3124 FEATHERWOOD CT Suite, Apt. #, etc.		3. Mailing Address 1098 WATERFALL CT Suite, Apt. #, etc.			
City & State CLEARWATER, FL		City & State HOT SPRINGS, AR		4. FEI Number 59-3723119	
Zip 34619		Country PINELLAS		Applied For Not Applicable	
Zip 71913		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M ESQ. 2240 BELLEAIR RD. STE. 160 CLEARWATER, FL 33764			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: <u>Patrick M O'Connor</u> Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.183(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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TODD, ANITA S	NAME			
STREET ADDRESS	12525 DEERBERRY LANE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33626	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TODD, TERRY D	NAME			
STREET ADDRESS	12525 DEERBERRY LANE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33626	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Patrick M O'Connor</u>		9-1-06		8137483671	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	