


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000046164
1. Entity Name
DODD ELECTRIC AND ENGINEERING INC.



Principal Place of Business: 11032 CASTLEBERRY RD. ODESSA, FL 33556
Mailing Address: 11032 CASTLEBERRY RD. ODESSA, FL 33556



DO NOT WRITE IN THIS SPACE

04232005 No Chg-P CR2E034 (10/03)
4. FEI Number: 35-2174043 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DODD, SIMON B
11302 CASTLEBERRY RD.
ODESSA, FL 33556

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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: _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable 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
UN00000337481
04/27/05-80169-012 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DODD, SIMON B
STREET ADDRESS	11302 CASTLEBERRY RD.
CITY - ST - ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Simon B. Dodd Simon B Dodd 4/23/05 813 382 0787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #