

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90116 012 ***158.75



DOCUMENT # P02000046164

1. Entity Name

DODD ELECTRIC AND ENGINEERING INC.

Principal Place of Business

Mailing Address

~~11032 CASTLEBERRY RD.
 ODESSA FL 33556~~

~~11032 CASTLEBERRY RD.
 ODESSA FL 33556~~



2. Principal Place of Business

3. Mailing Address

7853 Gunn Hwy

7853 Gunn Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#183

#183

City & State

Tampa, FL

City & State

Tampa FL

4. FEI Number

35-2174043

Applied For

Not Applicable

Zip

33626

Country

HILLSb

Zip

33626

Country

Hillsborough

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DODD, SIMON B

~~11302 CASTLEBERRY RD.
 ODESSA FL 33556~~

Name

DODD, Simon B

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

7853 Gunn Hwy #183

City

Tampa

FL

Zip Code

33626

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

Simon B. Dodd

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/06.

FILE NOW!!! FEE IS \$150.00 + 8.75

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DODD, SIMON B	11302 CASTLEBERRY RD.	ODESSA FL 33556	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	DODD, Simon B	7853 Gunn Hwy #183	Tampa, FL 33626	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Simon B. Dodd **Simon B. Dodd.**

3/19/06. 813 3820787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #