

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90286 033 \*\*\*150.00

**DOCUMENT # P02000098076**

**1. Entity Name**

**TODD'S TRUCKING, INC.**



**Principal Place of Business**

**3300 S.W. 11TH STREET  
DEERFIELD BEACH FL 33442**

**Mailing Address**

**3300 S.W. 11TH STREET  
DEERFIELD BEACH FL 33442**

**2. Principal Place of Business**

**1151 SW 32 WAY**

Suite, Apt. #, etc.

**3. Mailing Address**

**1151 SW 32 WAY**

Suite, Apt. #, etc.

**City & State**

**DEERFIELD BEACH FL**

**Zip**

**33442**

**Country**

**USA**

**City & State**

**DEERFIELD BEACH FL.**

**Zip**

**33442**

**Country**

**USA.**

**4. FEI Number**

**13-4219809**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SOTO, OSCAR E  
915 MIDDLE RIVER DRIVE SUITE 304  
FORT LAUDERDALE FL 33304**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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** PD ☐ Delete  
**NAME** CHRISTOPHER, SPENCER T  
**STREET ADDRESS** 3300 S.W. 11TH STREET  
**CITY-ST-ZIP** DEERFIELD BEACH FL 33442

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Signature*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/04**

Date

**954-975-3100**

Daytime Phone #