

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000101168

1. Entity Name
 JOHN TODD SALES, INC.



Principal Place of Business
 2510 HARBOR VIEW DRIVE
 MATLACHA, FL 33993

Mailing Address
 2510 HARBOR VIEW DRIVE
 MATLACHA, FL 33993



07262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0226954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TODD, JOHN B
 2510 HARBOR VIEW DRIVE
 MATLACHA, FL 33993

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

Pres.
(NOTE: Registered Agent signature required when reinstating)

JULY 27, 2005
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

TITLE	P
NAME	TODD, JOHN B
STREET ADDRESS	2510 HARBOR VIEW DRIVE
CITY-ST-ZIP	MATLACHA, FL 33993
TITLE	V
NAME	TODD, JOHN B
STREET ADDRESS	2510 HARBOR VIEW DRIVE
CITY-ST-ZIP	MATLACHA, FL 33993
TITLE	S
NAME	TODD, JOHN B
STREET ADDRESS	2510 HARBOR VIEW DRIVE
CITY-ST-ZIP	MATLACHA, FL 33993
TITLE	T
NAME	TODD, JOHN B
STREET ADDRESS	2510 HARBOR VIEW DRIVE
CITY-ST-ZIP	MATLACHA, FL 33993
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

John B. Todd

7/27/05 239 410 0489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #