

**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 ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE JULY 27, 2005

**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

000000374973
07/29/05-80007-007 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/05 239 410 0489