


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -5 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # P03000125308 |  |
| 1. Entity Name E.G. TODD - INSTALLATIONS INC. | |

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| Principal Place of Business 1490 COURTLAND BLVD. DELTONA, FL 32738 US | Mailing Address 1490 COURTLAND BLVD. DELTONA, FL 32738 US |
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| 2. Principal Place of Business 1490-COURTLAND BLVD. Suite, Apt. #, etc. Deltona, FL 32738 City & State | 3. Mailing Address 1490-COURTLAND BLVD. Suite, Apt. #, etc. Deltona, FL 32738 City & State |
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|--------------|---------------|--------------|---------------|
| Zip 32738 | Country US | Zip 32738 | Country US |
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| 6. Name and Address of Current Registered Agent TODD, EDWARD 1490 COURTLAND BLVD. DELTONA, FL 32738 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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: <u>E.G. Todd</u> Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) | |
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| FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT TODD, EDWARD 1490 COURTLAND BLVD. DELTONA, FL 32738 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TODD, JAMES 1490 COURTLAND BLVD. DELTONA, FL 32738 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TODD, SHARON 1490 COURTLAND BLVD. DELTONA, FL 32738 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200042521182 11/05/04--01040--009 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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)(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: <u>E.G. Todd - E.G. TODD</u> Signature and typed or printed name of signing officer or director | |
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REINSTATEMENT

4. FEI Number
20-0861296

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For
Not Applicable

10/28/04

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