

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000109410

Entity Name: A TODAH ENTERPRISES, INC.

FILED  
Aug 07, 2006  
Secretary of State

## Current Principal Place of Business:

1929 CALUSA TRAIL  
MIDDLEBURG, FL 32068 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 65635  
RIDGEWOOD, FL 32065

## New Mailing Address:

FEI Number: 84-1662714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FISHER, PATRICIA E  
1929 CALUSA TRAIL  
MIDDLEBURG, FL 32068 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: MCMILLAN, SHERYL Y  
Address: 1602 DECLARATION DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VP ( ) Delete  
Name: MCMILLAN, MARCHELE L  
Address: 1602 DECLARATION DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VP ( ) Delete  
Name: FISHER, PATRICIA  
Address: 1929 CALUSA TRAIL  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP ( ) Delete  
Name: FISHER, ARLENE M  
Address: 1935 WOODLAKE DRIVE  
City-St-Zip: ORANGE PARK, FL 30023 US

Title: VP ( ) Delete  
Name: LUSTER, MILDRED L  
Address: 8117 THRASHER AVENUE  
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP (X) Delete  
Name: MOORE, EUGENE A  
Address: 530 E 61ST STREET  
City-St-Zip: JACKSONVILLE, FL 32208

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA E FISHER

VP

08/07/2006

Electronic Signature of Signing Officer or Director

Date