

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109410

Entity Name: A TODAH ENTERPRISES, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

10263 WHISPERING FOREST DR
APT #901
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

1935 WOODLAKE DRIVE
ORANGE PARK, FL 32003 US

Current Mailing Address:

10263 WHISPERING FOREST DR
APT # 901
JACKSONVILLE, FL 32257

New Mailing Address:

1935 WOODLAKE DRIVE
ORANGE PARK, FL 32003 US

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
10263 WHISPERING FOREST DR
APT # 901
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

FISHER, PATRICIA E
1935 WOODLAKE DRIVE
ORANGE PARK, FL 32003 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

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: FISHER, PATRICIA
Address: 10263 WHISPERING FOREST DR APT #901
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP () Delete
Name: FISHER, ARLENE M
Address: 10263 WHISPERING FOREST DR APT # 424
City-St-Zip: JACKSONVILLE, FL 32257 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: FISHER, PATRICIA
Address: 1935 WOODLAKE DRIVE
City-St-Zip: ORANGE PARK, FL 32003 US

Title: VP (X) Change () Addition
Name: FISHER, ARLENE M
Address: 1935 WOODLAKE DRIVE
City-St-Zip: ORANGE PARK, FL 32003 US

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

I hereby certify that the information supplied with this filing does not qualify 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

04/24/2009

Electronic Signature of Signing Officer or Director

Date