

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000086626

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** TED TODD INSURANCE, INC.

**Current Principal Place of Business:**

21301 S. TAMiami TrL.  
#330  
ESTERO, FL 33928 US

**New Principal Place of Business:**

10020 COCONUT ROAD  
144  
BONITA SPRINGS, FL 34135 US

**Current Mailing Address:**

10806 EST CORTILE CT  
NAPLES, FL 34110 US

**New Mailing Address:**

**FEI Number:** 65-0537928      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TODD, TED A  
10806 EST CORTILE CT  
NAPLES, FL 34110 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:** P  
**Name:** TODD, TED A  
**Address:** 10806 EST CORTILE CT  
**City-St-Zip:** NAPLES, FL 34110

**Title:** VP  
**Name:** TODD, MARILYN  
**Address:** 10806 EST CORTILE CT  
**City-St-Zip:** NAPLES, FL 34110

**Title:** S  
**Name:** TODD, MARILYN  
**Address:** 10806 EST CORTILE CT  
**City-St-Zip:** NAPLES, FL 34110

I hereby 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 all other like empowered.

**SIGNATURE:** TED A TODD

PRES

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date