

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015159

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: TOD SHAW INC.

**Current Principal Place of Business:**

P.O. BOX 1832  
NEW SMYRNA BEACH, FL 321701832

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1832  
NEW SMYRNA BEACH, FL 321701832

**New Mailing Address:**

FEI Number: 59-3501034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOSTER, WM. M  
555 WESTMORELAND RD.  
DAYTONA BEACH, FL 321142423 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SHAW, PHILLIP T  
Address: P.O. BOX 1832  
City-St-Zip: NEW SMYRNA BEACH, FL 321701832

Title: D ( ) Delete  
Name: SHAW, DEBORAH L  
Address: P.O. BOX 1832  
City-St-Zip: NEW SMYRNA BEACH, FL 321701832

Title: D ( ) Delete  
Name: CARITHERS, JUDY  
Address: 526 N. DIXIE FREEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**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:

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: PHILLIP TOD SHAW

DP

04/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date