

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015159

FILED
Jun 11, 2009
Secretary of State

Entity Name: TOD SHAW INC.

Current Principal Place of Business:

644 DORA ST.
NEW SMYRNA BEACH, FL 32168

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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

PRES

06/11/2009

Electronic Signature of Signing Officer or Director

_____ Date