

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015159

FILED  
Sep 22, 2010  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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: PHILLIP TOD SHAW

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

PRES

09/22/2010

\_\_\_\_\_  
Date