

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90028 016 ***150.00

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1. Entity Name
TODD-BRANDT, INC.



Principal Place of Business
**3320 GLENCAIRN CT #101
BONITA SPRINGS, FL 34134**

Mailing Address
**P O BOX 1944
BONITA SPRINGS, FL 34133**



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3548969

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOULD, MARY B
3320 GLENCAIRN CT #101
BONITA SPRINGS, FL 34134**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOULD, MARY B PD
STREET ADDRESS	3320 GLENCAIRN CT #101
CITY-STATE-ZIP	BONITA SPRINGS, FL 34134
TITLE	VD
NAME	BETHKE, MARY BETH VD
STREET ADDRESS	3320 GLEN CAIRN CT #101
CITY-STATE-ZIP	BONITA SPRINGS, FL 34134
TITLE	SEC
NAME	GOULD, JOHN C S. T.D
STREET ADDRESS	3320 GLEN CAIRN CT #101
CITY-STATE-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John C. Gould

John C. Gould, Sec.

1/7/08 (239)947-0085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #