


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # S66888 1. Entity Name PHILLIP TODD ENTERPRISES, INC.	
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Principal Place of Business 11350 METRO PARKWAY SUITE 106 FORT MYERS, FL 33912 US	Mailing Address 11350 METRO PARKWAY SUITE 106 FORT MYERS, FL 33912 US
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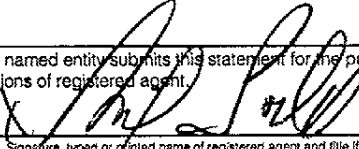
01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0287023	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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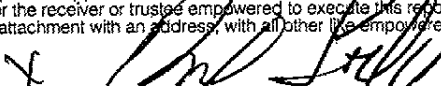
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TODD, PHIL L 7695 EAGLES FLIGHT LANE FORT MYERS, FL 33912	DO NOT WRITE IN THIS SPACE
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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  DATE <u>4/7/04</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000109827 04/12/04-80058-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TODD, PHIL L 11551 OSPREY LANDING WAY FORT MYERS, FL 33912
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/7/04</u> Daytime Phone # <u>239-278-5145</u>