

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # V21522

1. Entity Name
TOM TODD REALTY, INC.



Principal Place of Business
2720 CR 30C
PORT ST JOE, FL 32456 US

Mailing Address
2720 CR 30C
PORT ST JOE, FL 32456 US



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3112192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TODD, THOMAS M.
2720 CR 30 C
PORT ST JOE, FL 32456

**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's signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000156034
05/05/04-80061-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TODD, THOMAS M
STREET ADDRESS	2720 CR 30 C
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/04 850-227-1581

Date

Daytime Phone #