

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 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**



01102005 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 entity hereby 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 _____
(Signature of the corporation's registered agent or secretary. NOTE: Registered Agent signature required when re-registering.)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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01/31/05-80073-024 150.00

**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 attached with an address, with all other like empowered.

SIGNATURE: Thomas M. Todd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05 850-227-1501
Date Telephone Number