

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000028904

Entity Name: TOP LINE AUTO SALES, INC.

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

6576 SE FEDERAL HWY  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

6576 SE FEDERAL HWY  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 65-0576722      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMPAGNO, JOSEPH  
14426 ELLWOOD DRIVE  
DELRAY BEACH, FL 33445      US

**Name and Address of New Registered Agent:**

COMPAGNO, ANTHONY  
653 SW LONG KEY COURT  
PORT SAINT LUCIE, FL 34986      US

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: ANTHONY COMPAGNO      03/24/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: COMPAGNO, JOSEPH  
Address: 14426 ELLWOOD DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: S      ( ) Delete  
Name: COMPAGNO, LUCILLE  
Address: 14426 ELLWOOD DRIVE  
City-St-Zip: DELRAY BEACH, FL 32445

Title: VP      ( ) Delete  
Name: COMPAGNO, ANTHONY  
Address: 14426 ELLWOOD DRIVE  
City-St-Zip: DELRAY BEACH, FL 32445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: COMPAGNO, JOSEPH  
Address: 3333 HILL STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S      (X) Change ( ) Addition  
Name: COMPAGNO, LUCILLE  
Address: 3333 HILL STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP      (X) Change ( ) Addition  
Name: COMPAGNO, ANTHONY  
Address: 653 SW LONG KEY COURT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY COMPAGNO      VP      03/24/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date