


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 180765 1. Entity Name TOPO, INC.	
--	---

Principal Place of Business 6215 WILSON BV JACKSONVILLE, FL 32210 US	Mailing Address PO BOX 7779 JACKSONVILLE, FL 32238 US
--	---

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0844234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRANNEN W.M. 6215 WILSON BV JACKSONVILLE, FL 32210

**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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

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
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOWERS JR, C. D. 1301 RIVERPLACE BV STE 1500 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JAMES, H.R. SR. 6215 WILSON BV JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRANNEN, W.M. 6215 WILSON BV JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LYERLY, JEAN B. 6215 WILSON BV JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SORRELL, VELTA 1301 RIVERPLACE BV STE 1500 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000156400
05/05/04-80075-021 150.00

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

SIGNATURE:  A.L. Burpee, Jr. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-30-04 <small>Date</small>	904-778-1888 <small>Daytime Phone #</small>
--	---------------------------------------	---