

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 180765  
1. Entity Name  
TOPO, INC.



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



04262005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0844234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable

**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

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

**DO NOT WRITE  
IN THIS SPACE**

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05/04/05-80199-018 150.00

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: W.M. Brannen      W.M. Brannen      429-05      904-778-1888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #