

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 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**



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0844234

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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-STATE-ZIP JACKSONVILLE, FL 32207

TITLE V
NAME JAMES, H.R. SR.
STREET ADDRESS 6215 WILSON BV
CITY-STATE-ZIP JACKSONVILLE, FL 32210

TITLE V
NAME BRANNEN, W.M.
STREET ADDRESS 6215 WILSON BV
CITY-STATE-ZIP JACKSONVILLE, FL 32210

TITLE VD
NAME LYERLY, JEAN B.
STREET ADDRESS 6215 WILSON BV
CITY-STATE-ZIP JACKSONVILLE, FL 32210

TITLE VS
NAME SORRELL, VELTA
STREET ADDRESS 1301 RIVERPLACE BV STE 1500
CITY-STATE-ZIP JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U000000547080
05/12/06-80003-026 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

WM Brannen **WM BRANNEN, V-P** 4/27/06 904-771-5355