

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90037 019 ***150.00

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

40111384



04182007 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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

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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

4-30-07 904-778-1888

Date

Daytime Phone #