

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90036 038 ***150.00

DOCUMENT # 439920

1. Entity Name
TOP GALLANT CORPORATION



Principal Place of Business

**863 PRINCESS
STE 302
KINGSTON, ON K7L5C**

Mailing Address

**863 PRINCESS
STE 202
KINGSTON, ON K7L5C**

2. Principal Place of Business

**863 Princess Street
Suite, Apt. #, etc.
Suite 401
City & State
Kingston, Ontario**

3. Mailing Address

**863 Princess Street
Suite, Apt. #, etc.
Suite 401
City & State
Kingston, Ontario**

Zip

K7L 5N4

Country

Canada

Zip

K7L 5N4

Country

Canada

6. Name and Address of Current Registered Agent

**BRUNTON REGISTERED AGENTS INC.
4710 N.W. BOCA RATON BLVD.
SUITE 101
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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	<input type="checkbox"/> Delete
NAME	ROSEN, SYLVIA	
STREET ADDRESS	863 PRINCESS ST STE 302	
CITY-ST-ZIP	KINGSTON, ONT, CANADA, k7l5n4	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSEN, HARVEY	
STREET ADDRESS	863 PRINCESS ST STE 302	
CITY-ST-ZIP	KINGSTON, ONT, CANADA, k7l5n4	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22/03/05
Date

(613) 542-0476
Daytime Phone #