


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 626275</b> 1. Entity Name GERALD TOPMILLER, INC.	
--	---

Principal Place of Business 4367 N. FEDERAL HWY SUITE 203 FT LAUD, FL 33308	Mailing Address 4367 N. FEDERAL HWY SUITE 203 FT LAUD, FL 33308
--	--

**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-6674363	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

TOPMILLER, GERALD  
4367 N. FEDERAL HWY  
SUITE 203  
FT. LAUDERDALE, FL 33308

**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 reactivating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	PTD TOPMILLER, GERALD 4367 NORTH FED HWY # 203 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TOPMILLER, ELIZABETH 4367 NORTH FED HWY #203 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000726963  
05/04/07-80025-025 150.00

**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:** Gerald Topmiller Date 4/13/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #