2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 631250

1. Entity Name
TOPPER TOWN OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
14000 US 19 NORTH CLEARWATER, FL 33764 US	14000 US 19 NORTH CLEARWATER, FL 33764 US

DO NOT WRITE IN THIS SPACE

02222005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1960598	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSSEWEY, JAMES F
2115 BELLEAIR RD
CLEARWATER, FL 33764

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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	CK#46547

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSSEWEY, JAMES F
STREET ADDRESS	2115 BELLEAR RD.
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	VS
NAME	ROSSEWEY, PATRICIA A
STREET ADDRESS	2115 BELLEAIR RD
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/05-80141-015 150.00

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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: _Patricia A. Rossewey_ VP/Sec PATRICIA A. Rossewey 4/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   727 532 0363 Daytime Phone #