## 2007 FOR PROFIT CORPORATION ANNIIAL REPORT

SIGNATURE:

## **FILED** May 02, 2007 08:00 AM

717,532,0367

Daylette Phone #

ARNOAL REPORT				_	Ŏ.	C C4-
DOCUMENT # 631250  1. Entity Name TOPPER TOWN OF CLEARWATER, INC.					50	ecretary of Sta
		Aailing Address		}		
14000 US 19 NORTH			IS			
				 	). 18 1981 JURIO HARA BUM APU P	
DO NOT WRITE IN THIS SPAC				-		
			<b>0</b> E	03012007	No Chg-P	CR2E034 (11/05)
			CE	4. FEI Numb 59-196		Applied For
						Not Applicable  \$8.75 Additional
g News and Address of October 18 and 18 and				5. Certificate	of Status Desired	Fee Required
6. Name and Address of Current Registered Agent						
	EY, JAMES F	DO NOT WRITE				
2115 BELLEAIR RD CLEARWATER, FL 33764			IN THIS SPACE			
				Ш	1 1113 3F/	4CE
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. (NDTE: Registered Agent signature required when reinstating)  DATE						
FILE NOWIIJ FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees 05/23/07-80014-002 150.00		
10.	OFFICERS AND DIRE	CTORS	_		·	
TITLE NAME	PD ROSSEWEY, JAMES F					
STREET ADDRESS	2115 BELLEAR RD.					
CiTY-ST-ZIP	CLEARWATER, FL 33764	<del></del>				
TITLE NAME	VS ROSSEWEY, PATRICIA A					
STREET ADDRESS	2115 BELLEAIR RD	ł		•	i e	
CITY-ST-ZIP	CLEARWATER, FL 33764					
NAME						
STREET ADDRESS				DO	NOT WI	RITE
CITY-ST-ZIP	<u> </u>	<del></del>	4	_	_	
NAME			1	114	THIS SP	ACE
STREET ADDRESS			Į			
CITY-ST-ZIP			-			
NAME			1			
STREET ADDRESS CITY-ST-ZIP						,
TITLE			1			
NAME			1			
STREET ADDRESS CITY-ST-ZIP						
	t certify that the information supplied with this	filing does not qualify for the ex	emptions contained	in Chapter 11	9, Florida Statutes. I fu	orther certify that the information
indicated of the co	certify that the information supplied with this i on this report or supplemental report is true rporation or the receiver or trustee empowers	and accurate and that my signa ad to execute this port as requ	iture shall have the ired by Chapter 60	same legal effe 7, Florida Statut	ot as if made under oa as; and that my name	th; that I am an officer or director appears in Block 10 or Block 11 if
of the corporation or the receiver or trustee empowered to execute this apport 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.						

R. Ansskury

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