

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 631250

1. Entity Name
TOPPER TOWN OF CLEARWATER, INC.



Principal Place of Business

**14000 US 19 NORTH
CLEARWATER, FL 33764 US**

Mailing Address

**14000 US 19 NORTH
CLEARWATER, FL 33764 US**



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1960598

Applied For
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**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000945122
05/29/08-80129-002-150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSSEWEY, JAMES F
STREET ADDRESS 2115 BELLEAIR 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

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES F. ROSSEWEY 827-532-0363
Date 5/26/08 Daytime Phone #