


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000002700 1. Entity Name CAPITOLINE TOPS OF FLORIDA, INC.	
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Principal Place of Business 100 CAPITOLINE DRIVE ROME, GA 30165	Mailing Address 100 CAPITOLINE DRIVE ROME, GA 30165
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2401216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 reinstating)

U000000583499
01/11/07-80674-005 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SMITH, GLAVON F 100 CAPITOLINE DRIVE ROME, GA 30165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP SMITH, LATHAN G 100 CAPITOLINE DRIVE ROME, GA 30165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAYLE, JOHN WOODWARD 403 CLYDE AVENUE VALDOSTA, GA 31602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGES, CHARLES C JR 11014 BRONSON ROAD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, LATHAN G 100 CAPITOLINE DRIVE ROME, GA 30165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: B. Joyce Loveless Sec/Corp 1-9-07 706 235-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #