


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F30641</b> 1. Entity Name <b>TOP-FOUR CORP.</b>	
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Principal Place of Business <b>877 QUAIL RUN ORMOND BEACH, FL 32174 US</b>	Mailing Address <b>877 QUAIL RUN ORMOND BEACH, FL 32174 US</b>
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05082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2103014</b>	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**

**OPPENHEIMER, M.H.  
877 QUAIL RUN  
ORMOND BEACH, FL 32174**

**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

*M.H. Oppenheimer*

(NOTE: Registered Agent signature required when remitting)

*5/4/08*

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OPPENHEIMER, M.H. 877 QUAIL RUN ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT OPPENHEIMER, BRIAN M 3 SPRINGWOOD TRAIL ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/04/08-80011-005 150.00

**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 an officer or trustee empowered.

SIGNATURE:

*M.H. Oppenheimer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/4/08*

Date

*386-677-3906*

Daytime Phone #