

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F77939

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** TOPS OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

3207 W THARPE ST  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

3207 W THARPE ST  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 59-2158549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELUCA, JOSEPH G  
3207 WEST THARPE STREET  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: DELUCA, KAROL SUE  
Address: 3114 LAKESHORE DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DP  
Name: DELUCA, JOSEPH G  
Address: 3114 LAKESHORE DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP  
Name: DELUCA, JOSEPH G JR.  
Address: 2107 PADLOCK PLACE  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAROL SUE DELUCA

STD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date