

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H84851

FILED
Apr 22, 2009
Secretary of State

Entity Name: AA TOP SHOP OF PANAMA CITY, INC.

Current Principal Place of Business:

3032 TRANSMITTER RD
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

3032 TRANSMITTER RD
PANAMA CITY, FL 32401 US

New Mailing Address:

4034 N DAVIS HWY.
PENSACOLA, FL 32503 US

FEI Number: 59-2610676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAXTON, NEAL
4122 N DAVIS HWY
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

BLACK, LISA A
4034 N DAVIS HWY
PENSACOLA, FL 32503 US

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: LISA BLACK

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRAXTON, NEAL
Address: 4122 N DAVIS HWY
City-St-Zip: PENSACOLA, FL

Title: VP () Delete
Name: BRAXTON, JIMMY R
Address: 3032 TRANSMITTER RD
City-St-Zip: PANAMA CITY, FL 32503

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRAXTON, NEAL
Address: 4034 N DAVIS HWY
City-St-Zip: PENSACOLA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: BLACK, LISA A
Address: 4034 N DAVIS HWY.
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA BLACK

T

04/22/2009

Electronic Signature of Signing Officer or Director

Date