

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092795

Entity Name: HILLTOP BAR, INC.

FILED  
Apr 23, 2005  
Secretary of State

**Current Principal Place of Business:**

503 N. DIXIE AVE.  
FRUITLAND PARK, FL 34731

**New Principal Place of Business:**

**Current Mailing Address:**

03425 SAILFISH AVENUE  
FRUITLAND PARK, FL 34731

**New Mailing Address:**

FEI Number: 59-3675353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNDERWOOD, JODI  
03425 SAILFISH AVE.  
FRUITLAND PARK, FL 34731 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: UNDERWOOD, JODI  
Address: 03425 SAILFISH AVE.  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: V ( ) Delete  
Name: JOHNSON, JIMMY ARTHUR  
Address: 03425 SAILFISH AVE.  
City-St-Zip: FRUITLAND PARK, FL 34731

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JODI UNDERWOOD

PRES

04/23/2005

Electronic Signature of Signing Officer or Director

Date