

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90036 021 ***150.00

DOCUMENT # P00000117188

1. Entity Name

TOPPINO DEVELOPMENT COMPANY, INC.



Principal Place of Business

4880 N HWY 19A
MOUNT DORA FL 32757

Mailing Address

P. O. BOX 687 -
MINNEOLA FL 34755

2. Principal Place of Business

4880 N. HWY 19A

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#100

City & State
Mt. DORA, FL

City & State

Zip
32757

Country

Zip

Country

4. FEI Number 59-3689259

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOPPINO, PHILIP M
4880 N HWY 19 A
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name

Toppino, Philip M.

Street Address (P.O. Box Number is Not Acceptable)

4880 N. Hwy 19A Suite 100

City

Mt. DORA

FL

Zip Code

32757

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 *Philip M Toppino*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/24/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete
NAME TOPPINO, PHILIP M
STREET ADDRESS 4880 N HWY 19A
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE D ☐ Delete
NAME TOPPINO, MAYSSA
STREET ADDRESS 4880 N HWY 19A
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Philip M Toppino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04

Date

352-267-0659

Daytime Phone #