

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90028 020 \*\*\*150.00

**DOCUMENT # P01000030899**

1. Entity Name  
**TOP OF THE LINE II, INC.**



Principal Place of Business  
**1942 LAGO VISTA BLVD  
PALM HARBOR, FL 34685**

Mailing Address  
**FRANZESE & BALIAN  
136 BROADWAY  
WOODCLIFF LAKE, NJ 07677**

**44049281**



07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3751552**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JALLO, CHAMOUN  
1942 LAGO VISTA BLVD  
PALM HARBOR, FL 34685**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$5.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JALLO, CHAMOUN
STREET ADDRESS	1942 LAGO VISTA BLVD
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/6/04**

**201-391-8888**



Attachment 44049281  
**FRANZESE & BALIAN**  
CERTIFIED PUBLIC ACCOUNTANTS

July 6, 2004

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1550  
Tallahassee, FL 32302-1500

Re: Top of the Line II, Inc.  
Document # P01000030899  
2004 Uniform Business Form

Dear Sir/Madam:

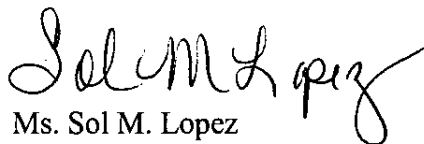
We are the accountants for the above-mentioned Florida taxpayer as well as for fifteen other Florida taxpayers.

We received sixteen "Notice of Intent to Dissolve" postcards for each of these clients but never received the 2004 Uniform Business Report renewal form.

After speaking to one of your agents today, we understand that you no longer mail out this form. We never received notice of this change.

Enclosed is a check for \$150.00 in payment of the annual fee. We request an abatement of the late payment penalty of \$400.00 since the delinquency was inadvertent.

Very truly yours,

  
Ms. Sol M. Lopez  
Franzese & Balian