

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/1

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-18-2007 90092 015 ***150.00

DOCUMENT # P01000120628

1. Entity Name
GOING 2 THE TOP, INC.



Principal Place of Business
**15153 N. MAIN ST.
JACKSONVILLE, FL 32218**

Mailing Address - *same as place of Business*
**15325 N. MAIN ST.
JACKSONVILLE, FL 32218**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
80-0036994

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAXWELL, KEVIN S
4855 MOTOR YACHT DR.
JACKSONVILLE, FL 32225**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAXWELL, KEVIN S
STREET ADDRESS	15153 N. MAIN ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32218
TITLE	V
NAME	MAXWELL, ANGIE
STREET ADDRESS	15153 N. MAIN ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32218
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 exemptions contained 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 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 #