

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90052 049 ***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
15153 N. MAIN ST.
JACKSONVILLE, FL 32218

40011110



01232008 Chg-P CR2E034 (12/06)

4. FEI Number
80-0036994
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Kevin S. Maxwell

Street Address (P.O. Box Number is Not Acceptable)
15153 N. Main Street

City Jacksonville FL Zip Code 32218

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 *Kevin S. Maxwell* Kevin S. Maxwell 1-23-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 ☐ Delete

TITLE V
NAME MAXWELL, ANGIE
STREET ADDRESS 15153 N. MAIN ST.
CITY - ST - ZIP JACKSONVILLE, FL 32218 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

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: *Kevin S. Maxwell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-08 904-757-8430

Date Daytime Phone #