

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90071 011 ***150.00

DOCUMENT # P01000121579

1. Entity Name
BLACK TOP INC.



Principal Place of Business
**1193 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701 US**

Mailing Address
**9562 ROSEWALK CRT.
ORLANDO, FL 32825 US**



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0847737

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**TOLENTINO, JONATHAN
495 13TH AVE
SOUTH NAPLES, FL 34102**

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOLENTINO, JAMES 9562 ROSEWALK CT ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D DELL'ANGELO, NICK 9562 ROSEWALK CT ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D TOLENTINO, BENIGNO 417 DIVISION AVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEGAN, JONATHAN F 2408 GRESHAM DRIVE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSA, MICHAEL 8596 LYONIA DRIVE ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D TOLENTINO, AURORA L 417 DIVISION AVE ORMOND BEACH, FL 32174

**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 #

BENIGNO TOLENTINO April 20/04 386-673-0376