

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121579

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: BLACK TOP INC.

## Current Principal Place of Business:

1193 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701 US

## New Principal Place of Business:

## Current Mailing Address:

9562 ROSEWALK CRT.  
ORLANDO, FL 32825 US

## New Mailing Address:

FEI Number: 47-0847737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TOLENTINO, JAMES  
Address: 9562 ROSEWALK CT  
City-St-Zip: ORLANDO, FL 32825 US

Title: V/D ( ) Delete  
Name: DELL'ANGELO, NICK  
Address: 9562 ROSEWALK CT  
City-St-Zip: ORLANDO, FL 32825 US

Title: T/D ( ) Delete  
Name: TOLENTINO, BENIGNO  
Address: 417 DIVISION AVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D ( ) Delete  
Name: KEGAN, JONATHAN F  
Address: 2408 GRESHAM DRIVE  
City-St-Zip: ORLANDO, FL 32807 US

Title: D ( ) Delete  
Name: ROSA, MICHAEL  
Address: 8596 LYONIA DRIVE  
City-St-Zip: ORLANDO, FL 32829 US

Title: S/D ( ) Delete  
Name: TOLENTINO, AURORA L  
Address: 417 DIVISION AVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES TOLENTINO

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date