

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90008 012 ***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**

2. Principal Place of Business
1555 SEMORAN BLVD

3. Mailing Address
1555 SEMORAN BLVD.

Suite, Apt. #, etc.
STE 1131

Suite, Apt. #, etc.
STE 1131

City & State
WINTER PARK, FL

City & State
WINTER PARK, FL

Zip
32792

Country

Zip
32792

Country

05092006

Chg-P

CR2E034 (11/05)

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, JON
495-13TH AVE
SOUTH NAPLES, 501 Goodlette Rd
Suite D-100
Naples, FL 34102

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TOLENTINO, JAMES
STREET ADDRESS 9562 ROSEWALK CT
CITY-ST-ZIP ORLANDO, FL 32825

TITLE V/D ☐ Delete
NAME DELL'ANGELO, NICK
STREET ADDRESS 9562 ROSEWALK CT
CITY-ST-ZIP ORLANDO, FL 32825

TITLE T/D ☐ Delete
NAME TOLENTINO, BENIGNO
STREET ADDRESS 417 DIVISION AVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D ☐ Delete
NAME KEGAN, JONATHAN F
STREET ADDRESS 2408 GRESHAM DRIVE
CITY-ST-ZIP ORLANDO, FL 32807

TITLE D ☐ Delete
NAME ROSA, MICHAEL
STREET ADDRESS 8596 LYONIA DRIVE
CITY-ST-ZIP ORLANDO, FL 32829

TITLE S/D ☐ Delete
NAME TOLENTINO, AURORA L
STREET ADDRESS 417 DIVISION AVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME TOLENTINO, JAMES
STREET ADDRESS 217 COLUMBUS AVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE D ☐ Change ☒ Addition
NAME WILLIAM T MCWEENEY
STREET ADDRESS 9562 ROSEWALK CT
CITY-ST-ZIP ORLANDO, FL 32825

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

9-1-06 (407)339-1524