

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91064 036 \*\*\*150.00

**DOCUMENT # P03000140792**

1. Entity Name  
TOPIC - ORLANDO, INC.



Principal Place of Business  
123 N. ORCHARD ST., SUITE 6-J  
ORMOND BCH, FL 32174

Mailing Address  
123 N. ORCHARD ST., SUITE 6-J  
ORMOND BCH, FL 32174

94082764



2. Principal Place of Business

3. Mailing Address

P.O. Box 11181

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State

City & State

DAYTONA BEACH, FL

4. FEI Number

43-2034301

Applied For

Not Applicable

Zip

Country

Zip

32120

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, TODD O  
123 N. ORCHARD ST., SUITE 6-J  
ORMOND BCH, FL 32174

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**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME PHILLIPS, TODD O  
STREET ADDRESS 123 N. ORCHARD ST., SUITE 6-J  
CITY-ST-ZIP ORMOND BCH, FL 32174

☐ Delete

TITLE  
NAME PRESIDENT & SECRETARY  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ST  
NAME JONES, RICHARD N  
STREET ADDRESS 123 N. ORCHARD ST., SUITE 6-J  
CITY-ST-ZIP ORMOND BCH, FL 32174

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE DIRECTOR  
NAME COPPE, JEFFERY  
STREET ADDRESS 3112 LAWN AVENUE  
CITY-ST-ZIP TAMPA, FL 33611

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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]*

PRESIDENT

APR 29, 2004

386-299-0251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TODD O. PHILLIPS

Date

Daytime Phone #