

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000096257

1. Entity Name
TOP REALTY, INC.



Principal Place of Business
**2104 FAULK DR
TALLAHASSEE, FL 32303**

Mailing Address
**P. O. BOX 180205
TALLAHASSEE, FL 32318**



07062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0605021

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REDDICK, OTHA R
2104 FAULK DR.
TALLAHASSEE, FL 32303**

**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 *Otha R. Reddick* *Albert J. Reddick*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

07/08/07
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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
REDDICK, OTHA R
2104 FAULK DR.
TALLAHASSEE, FL 32303**

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U000000767543
07/10/07-80007-021 550.00

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IN THIS SPACE**

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: *Otha R. Reddick* *Albert J. Reddick* *(850) 514-3401*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #