

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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FILED

11 MAY 12 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO4000109903**

1. Entity Name

AA TopShop, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

AA TopShop, Inc.

Suite, Apt. #, etc.

4034 N. Davis Hwy

City & State

Pensacola, FL

Zip

32503

Country

USA

3. Mailing Address

4034 N. Davis Hwy.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32503

Country

USA

CR2E034B (1/11)

4. FEI Number

20-1423780

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lisa Black

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

4034 N. Davis Hwy.

City

Pensacola

FL

Zip Code

32503

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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

L Black

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

5/10/11

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

LBlackLaa@cox.net
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
Neal Braxton
4034 N. Davis Hwy
Pensacola, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
Lisa Black
4034 N. Davis Hwy
Pensacola, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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300207202123
05/04/11-01011-019 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.455 F.S.

SIGNATURE:

L Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/11 (850) 432 7895

DATE

Daytime Phone #

5713