

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153514

Entity Name: TOP OF THE ORDER, INC.

FILED  
Sep 06, 2005  
Secretary of State

## Current Principal Place of Business:

3802 TIMBERLAKE ROAD WEST  
LAKELAND, FL 33809

## New Principal Place of Business:

6771 US HWY 98 N  
LAKELAND, FL 33809

## Current Mailing Address:

3802 TIMBERLAKE ROAD WEST  
LAKELAND, FL 33809

## New Mailing Address:

6771 US HWY 98 N  
LAKELAND, FL 33809

FEI Number: 32-0131576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARTMAN, STEPHEN H ESQ.  
925 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803 US

## Name and Address of New Registered Agent:

WADE, SCOTT M  
3802 TIMBERLAKE RD  
LAKELAND, FL 33803 US

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: SCOTT M WADE

09/06/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WADE, SCOTT M  
Address: 3802 TIMBERLAKE ROAD WEST  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: WADE, COLLEEN D  
Address: 3802 TIMBERLAKE ROAD WEST  
City-St-Zip: LAKELAND, FL 33809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SCOTT M WADE

PRES

09/06/2005

Electronic Signature of Signing Officer or Director

Date