

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90123 030 ***150.00

DOCUMENT # P05000010099

1. Entity Name
BLACK TOP DEVELOPMENT, INC.



Principal Place of Business
**3545 US HWY 17 N
WINTER HAVEN, FL 33883**

Mailing Address
**3545 US HWY 17 N
WINTER HAVEN, FL 33883**

40001000



DO NOT WRITE IN THIS SPACE

04032008 No Chg-P CR2E034 (11/05)

4. FEI Number
34-2033199

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TUCKER, LARRY D
3545 US HWY 17 N
WINTER HAVEN, FL 33883**

**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

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, 2008 Fee will be \$550.00**

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
**D
TUCKER, LARRY D JR
3545 US HWY 17 N
WINTER HAVEN, FL 33883**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BODOLAY, STEPHEN M
3545 US HWY 17 N
WINTER HAVEN, FL 33883**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLOUGHBY, TOMMY F
3545 US HWY 17 N
WINTER HAVEN, FL 33883**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PRILLHART, DAVID A
3545 US HWY 17 N
WINTER HAVEN, FL 33883**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 149, 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 #

4/23/08 (888) 299-4444