

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000018849

1. Entity Name
#1 TOP PERFORMANCE INC.



Principal Place of Business
96 SUGARCANE LANE
CRAWFORDVILLE, FL 32327

Mailing Address
96 SUGARCANE LANE
CRAWFORDVILLE, FL 32327

FILED

07 MAY 18 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05182007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
APPLIED FOR

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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

THEOFANE, SHARON D
96 SUGARCANE LANE
CRAWFORDVILLE, FL 32327

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME THEOFANE, SHARON D ☐ Delete
STREET ADDRESS 96 SUGARCANE LANE
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME THEOFANE, STEVE A ☐ Delete
STREET ADDRESS 96 SUGARCANE LANE
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BELLEW, SHANNON ☒ Delete
STREET ADDRESS 96 SUGARCANE LANE
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sharon Theofane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eckel MAY 18 2007

Date

Daytime Phone #

5-18-07