

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90015 004 ***550.00

DOCUMENT # P06000114443 1. Entity Name OFF THE TOP INCORPORATED	
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Principal Place of Business 5531 PALMER CROSSING CIRCLE SARASOTA, FL 34233	Mailing Address 3532 FLAMINGO AVE. SARASOTA, FL 34242
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03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5564669	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRYAN, JODI
3532 FLAMINGO AVE.
SARASOTA, FL 34242

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.

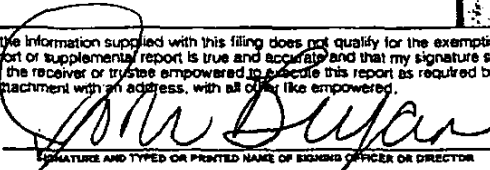
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuance) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYAN, JODI 3532 FLAMINGO AVE. SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYAN, SCOTT 3532 FLAMINGO AVE. SARASOTA, FL 34242
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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:  4/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #