


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90069 042 ***150.00

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|---|---|---|--|---|--|
| DOCUMENT # P07000041703 1. Entity Name TOPLIFF INSURANCE, INC. | | | |  | |
| Principal Place of Business 733 N SOUTHLAKE DR HOLLYWOOD, FL 33019 | | | Mailing Address 733 N SOUTHLAKE DR HOLLYWOOD, FL 33019 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address P.O. Box 3826 HALLAMALE FL 33019 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State HALLAMALE, FL | | | |
| Zip | Country | Zip | Country | 4. FEI Number 1062008 Chg-P CR2E034 (12/06) | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | | |
| 6. Name and Address of Current Registered Agent ROSEMAN, MARK A 3325 HOLLYWOOD BLVD STE 308 HOLLYWOOD, FL 33021 | | | 7. Name and Address of New Registered Agent 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 <u><i>Mark A Roseman</i></u> 1/9/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSEMAN, MARK A 733 N SOUTHLAKE DR HOLLYWOOD, FL 33019 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ROSEMAN, MARIA D 733 N SOUTHLAKE DR HOLLYWOOD, FL 33019 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Delete | | | |
| 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, or in another like empowered. | | | | | |
| SIGNATURE: <u><i>Mark A Roseman</i></u> 1/9/08 (954) 763-8719 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |