

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90244 031 \*\*\*158.75

DOCUMENT # P93000003521

1. Entity Name  
TOP PUBLISHING INCORPORATION



Principal Place of Business

13151 SE 127TH PL  
DUNNELLON FL 34431 US

Mailing Address

PO BOX 1231  
DUNNELLON FL 34430 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202005

Chg-P

CR2E0340/03)

4. FEI Number

65-0381885

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$875 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROGAN-WENDROFF, L DIAN  
13151 SE 127TH PL  
DUNNELLOMN, FL 34431

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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete  
NAME GROGAN-WENDROFF, L DIAN  
STREET ADDRESS 13151 SE 127TH PL.  
CITY-ST-ZIP DUNNELLON, FL 34431

TITLE V ☐ Delete  
NAME TOP, PHENIOUS  
STREET ADDRESS PO BOX 2729  
CITY-ST-ZIP DUNNELLON, FL 34430

TITLE SDCT ☒ Delete  
NAME GROGAN-WENDROFF, L DIAN  
STREET ADDRESS PO BOX 1231  
CITY-ST-ZIP DUNNELLON, FL 344301231

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition  
NAME Max Wendroff  
STREET ADDRESS 13151 S.E 127th place  
CITY-ST-ZIP Dunnellon FL 34431

TITLE VT ☒ Change ☐ Addition  
NAME Top, Phenious  
STREET ADDRESS P.O. Box 2729  
CITY-ST-ZIP Dunnellon, FL 34430

TITLE D ☒ Change ☐ Addition  
NAME Wendroff, Lola D.  
STREET ADDRESS P.O. Box 1231  
CITY-ST-ZIP Dunnellon FL 34430

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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 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 #