

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90051 045 ***150.00

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01222005 No Chg-P CR2E034 (10/03)

DOCUMENT # P95000049162

1. Entity Name
 AT THE TOP, INC.



Principal Place of Business
 1140 LEE BOULEVARD
 CORAL PLAZA UNIT 110
 LEHIGH ACRES, FL 33936

Mailing Address
 1140 LEE BOULEVARD
 CORAL PLAZA UNIT 110
 LEHIGH ACRES, FL 33936

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0588321 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, KIM
 1140 LEE BOULEVARD
 CORAL PLAZA UNIT 110
 LEHIGH ACRES, FL 33936

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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 _____ DATE _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MILLER, KIM 2017 FITCH AVE ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MILLER, ELI E 2017 FITCH AVE ALVA, FL 33920
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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 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: *Kim Miller* *Kim Miller*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05
 Date

239-369-9484
 Daytime Phone #