2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P95000050268 1. Entity Name

· J

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90324 019 ***150.00

CHIMNE	TOP CORPORATION		,							
Principal Place of Business Mailing Add 221 W OAKLAND PARK BLVD PO BOX 98 FT LAUDERDALE, FL 33311 US FT LAUDER					1 (03)(03) (1)		IM BB(B) BMII BB)(A 31010 A1194 A1		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04012008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		,,	4. FEI Numb				oplied For	
Zip	Country	Zip	Coun	try	1	of Status Desired		8.75 Add	litional	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
		Name								
	SAMUEL F KLAND PARK BLVD ERDALE, FL 33311	Street Address (P.O. Box Number is Not Acceptable)								
				City			FL	Zip Code	9	
9 The shows	and active where this statement f					, , , , , , , , , , , , , , , , , , ,				
	named entity submits this statement fi ions of registered agent.	or the purpose of chang	ing its registere	ed office or registe	ered agent, or bo	th, in the State of Fi	orida. I am fa	imiliar with,	and accept	
SIGNATURE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	FICERS AND I	DIRECTORS	S (N 11	
TITLE	D Delete TITL							☐ Change	Addition	
NAME	GADDIS, JESSE P									
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP						
TITLE	D Delete IIILI							☐ Change	Addition	
NAME	GADDIS, MICHAEL R							☐ Change	Audition	
STREET ADDRESS	221 W OAKLAND PARK BLVD			ET ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301 CITY			-ST-ZIP						
TITLE	D Delete TITL							Change	☐ Addition	
NAME STREET ADDRESS	GADDIS, SUSAN T 221 W OAKLAND PK BLVD STR			ET ADDRESS						
CITY-ST-ZIP	FORT LAUDERDALE, FL 3331	1		-ST-ZIP						
TITLE		☐ Delete	TITLE	:				☐ Change	☐ Addition	
NAME			NAM	E				_ ,	_	
STREET ADDRESS				et address						
CITY-ST-ZIP				-ST-ZIP						
TIFLE		☐ Delete						☐ Change	☐ Addition	
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CITY-ST-ZIP				-ST-ZIP					i	
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAM						Į	
STREET ADDRESS				ET ADORESS]	
CITY-ST-ZIP			I	-ST-ZIP						
indicated of the cor	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and cowered to execute this	I that my signat report as requi	ture shall have the	same legal effec	t as if made under	oath; that I ar	n an officer	or director	

JESSE P. GADDIS 4/14/08 (954) 565-8900 Date Daytime Phone #