

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000095502**

1. Entity Name  
**TOPMILLER ENTERPRISES, INC.**



Principal Place of Business      Mailing Address

4367 N FEDERAL HWY      4367 N FEDERAL HWY  
 103      103  
 FT LAUDERDALE, FL 33308      FT LAUDERDALE, FL 33308

**DO NOT WRITE IN THIS SPACE**



01052005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**65-0628170**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TOPMILLER, ELIZABETH**  
**4367 N FEDERAL HWY #100**  
**FT LAUDERDALE, FL 33308**

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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)

**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**

U00000331507  
 04/26/05-80017-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	TOPMILLER, ELIZABETH
STREET ADDRESS	HWY #100
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	D
NAME	TOPMILLER, GERALD
STREET ADDRESS	HWY #100
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:** *Elizabeth Topmiller*    **1-5-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR