

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000103293

1. Entity Name
TOPPINO REALTY & DEVELOPMENT, INC.



Principal Place of Business

2011 FLAGLER AVE
KEY WEST, FL 33040

Mailing Address

2011 FLAGLER AVE
KEY WEST, FL 33040



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0744041

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TOPPINO, PAUL E
2315 N ROOSEVELT BLVD
KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

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 rechartering)

DATE

**-FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TOPPINO, PAUL E
STREET ADDRESS 2315 N ROOSEVELT BLVD
CITY-ST-ZIP KEY WEST, FL 33040

TITLE SD
NAME TOPPINO, EDWARD JR.
STREET ADDRESS 165 KEY HAVEN DR
CITY-ST-ZIP KEY WEST, FL 33040

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000256678
03/09/05-80013-016 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #