

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90305 036 ***150.00

DOCUMENT # P97000051511

1. Entity Name

TOPPS CONTRACTORS, INC.



Principal Place of Business

210 SE 12 AVE.
BOYNTON BEACH FL 33435

Mailing Address

210 SE 12 AVE.
BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0752961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHERBAN, ROBERT
210 SE 12 AVE.
BOYNTON BEACH FL 33435

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

Make Check Payable to Florida Department of State

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: D ☐ Delete
NAME: SCHERBAN, ROBERT
STREET ADDRESS: 1918 LAKE SHORE DRIVE
CITY-ST-ZIP: DELRAY BEACH FL 33444

TITLE: PRESIDENT ☒ Change ☐ Addition
NAME: SCHERBAN, ROBERT
STREET ADDRESS: 4411 CACTYOTA DR
CITY-ST-ZIP: BOYNTON BCH, FL 33436

TITLE: VP ☐ Delete
NAME: MURRAY, WILLIAM
STREET ADDRESS: 27 SW 9 AVE.
CITY-ST-ZIP: BOCA RATON FL 33486

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Robert S. Scherban ROBERT S. SCHERBAN

3/8/05

381-733-5177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #