


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000024623	
1. Entity Name TOP SIDE LAND, INC.	

Principal Place of Business 3585 S.E. ST. LUCIE BLVD. STUART, FL 34997	Mailing Address 3015 S.E. ST. LUCIE BLVD. STUART, FL 34997
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0851827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SELLIAN, EDWARD M 3015 S.E. ST. LUCIE BLVD. STUART, FL 34997
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**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P LEHNER, JOSEPH 3585 SE ST LUCIE BLVD STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLIAN, EDWARD M 3015 S.E. ST. LUCIE BLVD. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLIAN, SUZAN 3015 S.E. ST. LUCIE BLVD. STUART, FL 34997
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01/26/06-80039-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Edward M Sellian** 1-17-06 772-219-9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #