


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90001 001 \*\*\*150.00

<b>DOCUMENT # S56370</b> 1. Entity Name <b>TOPLINE ELECTRIC INC.</b>					
Principal Place of Business <b>384 ROSEWOOD CIRCLE BOCA RATON, FL 33487</b>			Mailing Address <b>384 ROSEWOOD CIRCLE BOCA RATON, FL 33487</b>		
2. Principal Place of Business <b>7200 NW 2nd Avenue</b> Suite, Apt. #, etc. <b># 46</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.			
City & State <b>Boca Raton, FL</b>		City & State <b>FL</b>			
Zip <b>33487</b>		Country <b>USA</b>		4. FEI Number <b>65-0277035</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>TOPOLOVEC, MARIANNE M 384 ROSEWOOD CIRCLE BOCA RATON, FL 33487</b>			7. Name and Address of New Registered Agent Name <b>Topolovec, Marianne M</b> Street Address (P.O. Box Number is Not Acceptable) <b>7200 NW 2nd Avenue</b> <b># 46</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33487</b>		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TOPOLOVEC, MARTIN</b> <b>384 ROSEWOOD CIRCLE</b> <b>BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7200 NW 2nd Avenue # 46</b> <b>Boca Raton, FL 33487</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>TOPOLOVEC, MARIANNE</b> <b>384 ROSEWOOD CIRCLE</b> <b>BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7200 NW 2nd Avenue # 46</b> <b>Boca Raton, FL 33487</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Marianne M. Topolovec</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>5-31-05</b> <b>561-716-0515</b> <small>Date Daytime Phone #</small>		