## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V04330

Entity Name: TOPED PRODUCTS

SAMPLES, J. DWAYNE

ROSWELL, GA 30075

495 BROOK CIR.

Name:

Address:

City-St-Zip:

FILED Apr 26, 2004 Secretary of State

Entity Name: TOPED PRODUCTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 109 SMOKEHILL LANE, SUITE 100 WOODSTOCK, GA 30188 **Current Mailing Address: New Mailing Address:** 109 SMOKEHILL LANE, SUITE 100 WOODSTOCK, GA 30188 FEI Number: 59-3102611 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURRELL, WILLIAM H 517 WILBÚR STREET BRANDON, FL 33511 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ALRED, MICHAEL S Name: Name: 209 MORNING MIST Address: Address: City-St-Zip: WOODSTOCK, GA 30189 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: MURRELL, WILLIAM H Name: MOUNTAIN LAKE Address: Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: Title: SD ( ) Delete () Change () Addition COTTRELL, MICHAEL J Name: Name: 218 SANDCLIFF DR Address: Address: City-St-Zip: PANAMA CITY, 32413 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: J. DWAYNE SAMPLES CFO 04/26/2004