2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # V32877

1. Entity Name
CONVERTIBLE TOP SPECIALISTS, INC.

Principal Place of Business	Mailing Address
8868 S STEED TERRACE FLORAL CITY, F 34436 US	8868 S STEED TERRACE FLORAL CITY, FL 34436 US

DO NOT WRITE IN THIS SPACE

03022005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0327007
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRUNICK, DENNIS L
8868S STEED TERRACE
FLORAL CITY, FL 34436

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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

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

000000280460
03/30/05-80021-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	BRUNICK, DENNIS L
STREET ADDRESS	8868 S STEED TERRACE
CITY-ST-ZIP	FLORAL CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X [signature] DENNIS BRUNICK 3-22-05 352-637-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #