

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147641

FILED
May 01, 2009
Secretary of State

Entity Name: TOP NOTCH PROFESSIONALS, INC

Current Principal Place of Business:

419 CHRISTOPHER DRIVE
CRESTVIEW, FL 32536 US

New Principal Place of Business:

2733 CREEKS EDGE LANE
NAVARRE, FL 32566 US

Current Mailing Address:

419 CHRISTOPHER DRIVE
CRESTVIEW, FL 32536 US

New Mailing Address:

2733 CREEKS EDGE LANE
NAVARRE, FL 32566 US

FEI Number: 20-5944337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUNDERS, MIA M
419 CHRISTOPHER DRIVE
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

SAUNDERS, MIA M
2733 CREEKS EDGE LANE
NAVARRE, FL 32566 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: MIA M SAUNDERS

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: SAUNDERS, MIA M
Address: 419 CHRISTOPHER DRIVE
City-St-Zip: CRESTVIEW, FL 32536 US

Title: VP (X) Delete
Name: SAUNDERS, STEVE C
Address: 419 CHRISTOPHER DRIVE
City-St-Zip: CRESTVIEW, FL 32536 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: SAUNDERS, MIA M
Address: 2733 CREEKS EDGE LANE
City-St-Zip: NAVARRE, FL 32566 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MIA M SAUNDERS

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date