

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000062956

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** A TOP NOTCHED APPROACH, INC.

**Current Principal Place of Business:**

304 DURHAM AVE.  
LAKE PLACID, FL 338527868

**New Principal Place of Business:**

**Current Mailing Address:**

304 DURHAM AVE.  
LAKE PLACID, FL 338527868

**New Mailing Address:**

FEI Number: 27-0609260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, SHIRLEY E  
304 DURHAM AVE.  
LAKE PLACID, FL 338527868 US

**Name and Address of New Registered Agent:**

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:**

Title:  O  
Name: WILSON, SHIRLEY E  
Address: 304 DURHAM AVE.  
City-St-Zip: LAKE PLACID, FL 338527868

Title:  O  
Name: WILSON, CALVIN  
Address: 304 DURHAM AVE  
City-St-Zip: LAKE PLACID, FL 33852-786

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY E. WILSON

O

04/29/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date