2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000018109 Mar 30, 2007 08:00 AM **Secretary of State** TOP NOTCH BY MISTY, INC. Principal Place of Business Mailing Address 11805 OAK RIDGE DR PARRISH FL 34219 11805 OAK RIDGE DR PARRISH FL 34219 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 59-3436488 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA ROAD SOUTH SARASOTA FL 34233 Zip Codo City 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 in applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 ,Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTSD TATLE Delete ☐ Change Addition HITTE. DOYON, MISTY NAME NAME 11805 OAK RIDGE DR STRUE LADORUSS STILL TADDRESS PARRISH FL 34219 CITY-ST 7IP CHY-ST-ZIP ☐ Defete ☐ Change ■ Addition POPE, GARY J NAMI U00000683860 11805 OAK RIDGE DR STREET LADDRESS STREET ADDRESS. 04/06/07-80009-010 150.00 PARRISH FL 34219 CiTY+S1-7(P CITY-ST-ZIP ☐ Change ___ Addition TITLE ☐ Defete 10111 NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP Delete Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY+SI-7IP Delete ШП □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7(P CHY-SI-7IP HILE Defete ☐ Change Addition THE NAME NAME STREET ADDRESS STRLET ADDRESS CHY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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.

FILED

ogon Res. 3-27-07 941-518-00