


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90041 049 \*\*\*150.00

**DOCUMENT # 379306**

1. Entity Name  
**TOP-LINE HARDWARE, INC. OF FLORIDA**



Principal Place of Business  
**23 SE 22ND AVENUE  
 POMPANO BEACH FL 33062**

Mailing Address  
**23 SE 22ND AVENUE  
 POMPANO BEACH FL 33062**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-1321276**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**PISTARELLI, RENATO J.  
 23 SE 22ND AVE  
 POMPANO BEACH FL 33062**

**7. Name and Address of New Registered Agent**

Name **SIDNEY E. HARRIS**

Street Address (P.O. Box Number is Not Acceptable)  
**2501 NE 14TH ST UNIT 301  
 POMPANO BEACH**

City **FL** Zip Code **33061**

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]* *[Signature]* *[Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **2/10/04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<del>PD</del>	<input type="checkbox"/> Delete
NAME	<del>PISTARELLI, RENATO J</del>	
STREET ADDRESS	<del>23 S.E. 22ND AVE.</del>	
CITY-ST-ZIP	<del>POMPANO BEACH FL</del>	
TITLE	<del>PD</del>	<input type="checkbox"/> Delete
NAME	<del>PISTARELLI, RAYMOND</del>	
STREET ADDRESS	<del>23 S.E. 22ND AVE.</del>	
CITY-ST-ZIP	<del>POMPANO BEACH FL</del>	
TITLE	<del>T</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>PISTARELLI, RENATO J</del>	
STREET ADDRESS	<del>23 S.E. 22ND AVE.</del>	
CITY-ST-ZIP	<del>POMPANO BEACH FL</del>	
TITLE	<del>S-P</del>	<input type="checkbox"/> Delete
NAME	<del>JUDITH PISTARELLI</del>	
STREET ADDRESS	<del>23 SE 22ND AVE</del>	
CITY-ST-ZIP	<del>POMPANO BEACH FL</del>	
TITLE	<del>VP -&gt;</del>	<input type="checkbox"/> Delete
NAME	<del>RAYMOND PISTARELLI JR</del>	
STREET ADDRESS	<del>23 SE 22ND AVE</del>	
CITY-ST-ZIP	<del>POMPANO BEACH</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **P.D.** **2/12/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #