

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91037 009 ***150.00

DOCUMENT # H30268

1. Entity Name
TOP-NOTCH ALUMINUM PRODUCTS, INC.



Principal Place of Business
11009 HEARTH RD
SPRING HILL, FL 34608

Mailing Address
11009 HEARTH RD
SPRING HILL, FL 34608

2. Principal Place of Business
4131 Lamson Ave
Suite, Apt. #, etc.

3. Mailing Address
4131 Lamson Ave
Suite, Apt. #, etc.



04302004 Chg-P CR2E034 (10/03)

City & State
Spring Hill, FL
Zip
34608
Country
USA

City & State
Spring Hill, FL
Zip
34608
Country
USA

4. FEI Number
59-2470652
Appl. For
Not Applicable

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

6. Name and Address of Current Registered Agent

VOLKLE, MARK
11009 HEARTH RD
SPRING HILL, FL 34608

Name

Street Address (P.O. Box Number is Not Acceptable)

4131 Lamson Ave

City Spring Hill

FL Zip Code 34608

7. Name and Address of New Registered Agent

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST
NAME VOLKLE, MARK ☐ Delete
STREET ADDRESS 11009 HEARTH RD
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE V
NAME VOLKLE, MICHAEL ☒ Delete
STREET ADDRESS 12555 EDDINGTON RD.
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☒ Change Addition
NAME
STREET ADDRESS 4131 Lamson Ave
CITY-ST-ZIP Spring Hill, FL 34608

TITLE ☐ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change 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)(f), 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

Mark Volkle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-04-30-04

Date

7352-279-5439

Daytime Phone #