

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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.

 City & State
Spring Hill, FL

 City & State
Spring Hill, FL
Zip
34608Country
USAZip
34608Country
USA

04302004 Chg-P CR2E034 (10/03)

4. FEI Number
59-24706525. Certificate of Status Desired
 \$8.75 Added to
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

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, the obligations of registered agent.

Accept

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when mailing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

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

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

 TITLE Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE Delete
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 STREET ADDRESS
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 TITLE Change
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 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 11 if changed, or on an attachment with an address, with an officer or director.

SIGNATURE: *Mark Volkle*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

404-30-04 *352-2795 5439

Date

Daytime Phone #