


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90052 003 ***150.00

DOCUMENT # H30268	
1. Entity Name TOP-NOTCH ALUMINUM PRODUCTS, INC.	

Principal Place of Business 4131 LANSON AVE SPRING HILL, FL 34608	Mailing Address 4131 LANSON AVE SPRING HILL, FL 34608
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2. Principal Place of Business 4131 LANSON AVE	3. Mailing Address 4131 LANSON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SPRING HILL, FL	City & State SPRING HILL, FL
Zip 34608	Country US
Zip 34608	Country US



03142005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent VOLKLE, MARK 4131 LANSON AVE SPRING HILL, FL 34608	
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4. FEI Number 59-2470652	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name VOLKLE, MARK	
Street Address (P.O. Box Number is Not Acceptable) 4131 LANSON 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, and accept the obligations of registered agent.

SIGNATURE: *Mark Volkle* X DATE: *3-14-05* X
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VOLKLE, MARK 4131 LANSON AVE SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VOLKLE, MARK 4131 LANSON AVE SPRING HILL, FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VOLKLE, Michael 12555 Eddington Rd Spring Hill FL 34609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VOLKLE, MICHAEL 12555 EDDINGTON RD SPRING HILL, FL 34609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mark Volkle* X DATE: *3-14-05* X DAYTIME PHONE: *352-686-8917*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR