## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 19, 2007 8:00 am Secretary of State DOCUMENT # J04239 1. Entity Name 04-19-2007 90409 002 \*\*\*150.00 TOPS IN DETAIL, INCORPORATED Principal Place of Business Mailing Address % DIANE N LOY 4704 S. ORANGE AVE. ORLANDO FL 32806 % DIANE N LOY 4704 S. ORANGE AVE. ORLANDO FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2643848 Not Applicable Zip 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 LOY, DIANE N PD Street Address (P.O. Box Number is Not Acceptable) 4704 S. ORANGE AVE. ORLANDO FL 32806 City Zip Code FL 8. The above named onlity 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 SIGNATURE Signature, typed or printed name of registered agent and title it applicable 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD THILL Delete mir PD Change Addition LOY, DIANE N PD NAME LOY, DIANE N PD NAMI 450 GATLIN AVENUE 2585 J.R. Street STREET ADDRESS STREET LADDRESS ORLANDO FL City St 7IP CITY ST 7IP Orlando. FL 32839 ☐ Delete BHH Addilion X Change LOY, WILLIAM J LOY, WILLIAM J NAME 2535 J.R. Street 450 GATLIN AVENUE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-S1-7IP CITY ST 71P Orlando FL 32839 HILL Delete HILL Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-7IF CITY ST 7IP ☐ Delete ☐ Change Addition NAMI STREET ADORESS STREET ADDRESS CHY ST ZIP CITY ST ZIP ☐ Delete ■ Addition HIII 1000 ☐ Change NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY SEZIP IIILE ☐ Delete TITLE ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CTTY - ST - ZIP CITY ST 7IP

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 oath; that I am an officer or director of the corporation or the receiver or trustee empawered 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 AND TYPED OR PRHYTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07 4078578

FILED