


**2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J77693</b> 1. Entity Name TIP TOP CABINET, INC.	
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Principal Place of Business 7693 STATE RD 471 BUSHNELL, FL 33513-8735 US	Mailing Address 7693 STATE RD 471 BUSHNELL, FL 33513-8735 US
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03082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2821461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
LONG, JOHNNIE B.  
8281 CR 747  
WEBSTER, FL 33597

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LONG, JOHNNIE B. 8281 CR 747 WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LONG, VIRGINIA 8227 CR 747 WEBSTER, FL 33597
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U00000086757  
03/12/04-80036-007 150.00

**DO NOT WRITE  
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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: Johnnie B. Long 3-904 352-7939102  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #