

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90063 008 ***150.00

DOCUMENT # P00000030469 1. Entity Name TOP DOG SCREEN REPAIRS, INC.					
Principal Place of Business 110 BROOKSHIRE COURT WINTER SPRINGS, FL 32708			Mailing Address 110 BROOKSHIRE COURT WINTER SPRINGS, FL 32708		
2. Principal Place of Business - No P.O. Box # 573 Wood Fire Way Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Casselberry, FL Zip 32707		City & State Zip Country		4. FEI Number 59-3632191 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04302007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MCCULLEY, CHRISTINE 110 BROOKSHIRE COURT WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name MCCulley, Christine Street Address (P.O. Box Number is Not Acceptable) 573 Wood Fire Way City Casselberry FL Zip Code 32707		
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:  DATE: 4-30-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCULLEY, ANDRE 110 BROOKSHIRE COURT WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andre McCulley 573 Wood Fire Way Casselberry, FL 32707
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCULLEY, CHRISTINE 110 BROOKSHIRE COURT WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christine McCulley 573 Wood Fire Way Casselberry, FL 32707	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 exemptions contained in Chapter 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 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: 			DATE: 4-30-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE #		