

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093160

FILED
Apr 13, 2009
Secretary of State

Entity Name: TOP NOTCH REMODELING AND REPAIRS, INC.

Current Principal Place of Business:

7244 HYDE GROVE AVE.
JACKSONVILLE, FL 32210

New Principal Place of Business:

6830 MOTHER GOOSE ROAD.
JACKSONVILLE, FL 32210

Current Mailing Address:

7244 HYDE GROVE AVE.
JACKSONVILLE, FL 32210

New Mailing Address:

6830 MOTHER GOOSE ROAD.
JACKSONVILLE, FL 32210

FEI Number: 59-3676264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIPSHER, RICHARD A
7244 HYDE GROVE AVENUE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

HIPSHER, RICHARD A
6830 MOTHER GOOSE ROAD
JACKSONVILLE, FL 32210 US

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.

SIGNATURE: RICHARD A. HIPSHER

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HIPSHER, RICHARD A
Address: 7244 HYDE GROVE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: HIPSHER, DONNA K
Address: 7244 HYDE GROVE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HIPSHER, RICHARD A
Address: 6830 MOTHER GOOSE ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: T (X) Change () Addition
Name: HIPSHER, DONNA K
Address: 6830 MOTHER GOOSE ROAD
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD A. HIPSHER

DP

04/13/2009

Electronic Signature of Signing Officer or Director

Date