

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90480 046 ***150.00

DOCUMENT # P01000074467

1. Entity Name
TOP JOB INSTALLATIONS, INC.



Principal Place of Business
2258 FELUCCA DRIVE
MIDDLEBURG, FL 32068

Mailing Address
2258 FELUCCA DRIVE
MIDDLEBURG, FL 32068



04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
2970 EAGLE POINT ROAD
Suite, Apt. #, etc.

3. Mailing Address
2970 EAGLE POINT ROAD
Suite, Apt. #, etc.

City & State
Middleburg Florida

City & State
Middleburg Florida

4. FEI Number
59-3733444
Applied For
Not Applicable

Zip Country
32068 USA

Zip Country
32068 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BUMGARNER, JAMES W
2258 FELUCCA DRIVE
MIDDLEBURG, FL 32068

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2970 EAGLE POINT ROAD
City Middleburg FL Zip Code 32068

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 *James W. Bumgarner* DATE 4/21/04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BUMGARNER, JAMES W PRESIDE 2258 FELUCCA DRIVE MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. DOROTHY, BUMGARNER V.P. 2258 FELUCCA DRIVE MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUMGARNER, JAMES L 2258 FELUCCA DRIVE MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2970 EAGLE POINT ROAD Middleburg, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2970 EAGLE POINT ROAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2970 EAGLE POINT ROAD
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"/> Change <input type="checkbox"/> Addition
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: *James W. Bumgarner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #