

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000067313

1. Entity Name

TOP KNOTCH ENTERPRISES, INC.



Principal Place of Business

2422 ROY SIKES ROAD
NONE
HILLIARD, FL 32046-5014 US

Mailing Address

2422 ROY SIKES ROAD
NONE
HILLIARD, FL 32046-5014 US



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0718720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINGATE, TAMMY R
2422 ROY SIKES ROAD
NONE
HILLIARD, FL 32046-5014

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000939844
05/28/08-80044-004 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME WINGATE, WALLACE D
STREET ADDRESS 2422 ROY SIKES ROAD
CITY-ST-ZIP HILLIARD, FL 320465014

TITLE DST
NAME WINGATE, TAMMY R
STREET ADDRESS 2422 ROY SIKES ROAD
CITY-ST-ZIP HILLIARD, FL 320465014

TITLE NONE
NAME NONE, NONE
STREET ADDRESS 2422 ROY SIKES ROAD
CITY-ST-ZIP HILLIARD, FL 320465014

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NAME NONE, NONE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAMMY R. WINGATE
SECRETARY

4/30/08

Date

(904) 879-4412

Daytime Phone #