## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2004 8:00 am Secretary of State

DOCUMENT # P03000074004  1. Entity Name TOPNOTCH GRAPHICS & DESIGN, INC.						05-04-2004 9	0173 003	5 <b>***</b> 150.	00
Principal Place of Business 2463 HERITAGE CIRCLE NAVARRE, FL 32566			Mailing Address 2463 HERITAGE CIRCLE NAVARRE, FL 32566						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03012004	Chg-P		14 (1 <b>0</b> /03)		
City & State		City & State			4. FEI Numb	17-060	4006	Ap No	plied For t Applicable
Zip	Country Zip		Coun	try	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
SARVER, JOSEPH E 2463 HERITAGE CIRCLE NAVARRE, FL 32566			Street Address (P.O. Box Number is Not Acceptable)						
INCAULT	, i E 32300			City			FL	Zip Code	e
	named entity submits this statemen	it for the purpose of changir	ng its registere	ed office or registe	ered agent, or bo	h, in the State of Flo		amiliar with,	and accept
SIGNATURE	ions of registered agent.  Signature, typed or printed name of registered at	·	(NOTE: Basistary	d Agent signature requir	and when reignization		DATE	, <u>,</u>	
	<del></del>						DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55	9. Election Ca Trust Fund	empaign Finar Contribution.		5.00 May Be ided to Fees				
10.		ND DIRECTORS	11.		ADDITIONS,	CHANGES TO OFF	ICERS AND		
TITLE:	P SARVER, JOSEPH E	☐ Defete	I TITLE NAM	1				☐ Change	☐ Addition
STREET ADDRESS	2463 HERITAGE CIRCLE		•	ET ADDRESS					ļ
CITY-ST-ZIP	NAVARRE, FL 32566	Delete	TITLE	-ST-ZIP				☐ Change	Addition
NAME	SARVER, APRIL M	- Delete	NAM					ontingo	
STREET ADDRESS CITY-ST-ZIP	2463 HERITAGE CIRCLE NAVARRE, FL 32566	_	- 5	ET ADDRESS - ST-ZIP	· m · m.				Į.
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied	□ Delete	NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY	E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E				☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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 cath; 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:

Joseph E SALVER

4-28-04

850-685-0338