2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

DOCUMENT # P03000131627 1. Entity Name TOP FLIGHT TOWING & TRANSPORT INC					04-22-200	04 90083 031 **	*150.00	
Principal Place of Business		Mailing Address		· ·	· ·			
110 CORTES AVENUE ROYAL PALM BEACH, FL 33411		110 CORTES AVENUE ROYAL PALM BEACH, FL 33411		1 1 m m 1 1 m m 1 1 m m 1 1 1 m m 1 1 1 m m 1 1 1 1 m m 1 1 1 1 m m 1 1 1 1 m m 1 1 1 m m 1 1 1 m m 1 1 1 m m 1 1 1 m m 1 1 1 m m 1 1 1 m m 1 1 1 m m 1 1 1 m m 1 1 1 m m 1 1 1 m m 1	N FOISE (1111 FE 1117 B 0111 B1	MB 1180 (178 1198 B118 1181		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202004	Chg-P	CR2E034 (10/0	3)	
City & State		City & State		4. FEI Numb	<u> 0385</u>	342	Applied For Not Applicable	
Zip	Country -	Zip	Country	5. Certificate	of Status Desired	☐ \$8.75 / Fee Requ	Additional iired	
Name and Address of Current Registered Agent				7. Name and	Address of New	Registered Agent		
SHACKELFORD, MELISSA M				Name				
110 CORT	ES AVENUE ALM BEACH, FL 33411		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
		•	City			FL Zip C	ode	
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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTO	DRS IN 11	
TITLE NAME	D,P SHACKELFORD, MELISSA M	☐ Delete	TITLE NAME			☐ Chang	e	
STREET ADDRESS CITY-ST-ZIP	110 CORTES AVENUE ROYAL PALM BEACH, FL 3341	STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP SHACKELFORD, JOHN A 110 CORTES AVENUE ROYAL PALM BEACH, FL 3341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Сһалд	e 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: Melione M. Shackel for Jaylo 4 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Dayline Phone 4								