

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91002 044 ***150.00

DOCUMENT # P03000144920 1. Entity Name TOPCOATS CUSTOM CABINETS, INC.					
Principal Place of Business 4825 CITRUS OAK LN. ST. CLOUD, FL 34771 US			Mailing Address 4825 CITRUS OAK LN. ST. CLOUD, FL 34771 US		
2. Principal Place of Business 1106B Quotation Court Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State St. Cloud, FL		City & State 		4. FEI Number 20-0453667	
Zip 34772		Country Osceola		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAGNER, KIM 4825 CITRUS OAK LN. ST. CLOUD, FL 34771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Kim Wagner</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/24/2004</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER, KIM 4825 CITRUS OAK LN. ST. CLOUD, FL 34771	<input type="checkbox"/> Delete			
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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: <u><i>Kim Wagner</i></u> DATE: <u>4/24/2004</u>					