## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000148051

1. Entity Name
TOP QUALITY REMODELING, INC.



FILED Feb 27, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1137 PONDEROSA RD VENICE, FL 34293 1137 PONDEROSA RD VENICE, FL 34293



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02202006 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0509070

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

MILLS, BENNY L 1137 PONDEROSA RD VENICE, FL 34293

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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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 nems of registered agent and title if applicable. [INCIE: Registered Agent signature required when remaining)  DATE					
Signature, typed or printed realism or registered agent and rate oppositions. (NOTE: Registered Agent signature required when remissionly.)					
FILE NOWIIL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing 📙	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS			
ittle name sireet address city-st-zip	D MILLS, BENNY L 1137 PONDEROSA RD VENICE, FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1000010448094 11376 <b>8</b> 708-80093-011-158 <b>.7</b> 5
ITTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE MAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

D.OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR