


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000015541	
1. Entity Name TOP NOTCH LOG HOMES, INC.	

Principal Place of Business 3230 CULLENDALE DR. TAMPA, FL 33618 25945 Queen Sago Pl Wesley Chapel, FL 33544	Mailing Address 27251 S.R. 54, SUITE B-14, PMB 224 WESLEY CHAPEL, FL 33543
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07142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1215232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KEEFE, MICHAEL B
S.R. 54
SUITE B-14, PMB 224
WESLEY CHAPEL, FL 33543**

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: *Michael B. Keefe* (NOTE: Registered Agent signature required when reinstating) DATE: 7-14-06

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEEFE, MICHAEL B 25945 QUAIL HOLLOW PL. WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEFOREST, DEBRA D 25945 QUAIL HOLLOW PL. WESLEY CHAPEL, FL 33544
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07/27/06-80006-016 550.00

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: *Michael B. Keefe* 7-14-06 813-293-1235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #