


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90088 018 \*\*\*150.00

<b>DOCUMENT # P04000015541</b>																																																																																																																							
<b>1. Entity Name</b> TOP NOTCH LOG HOMES, INC.																																																																																																																							
<b>Principal Place of Business</b> 3230 CULLENDALE DR. TAMPA, FL 33618			<b>Mailing Address</b> 27251 S.R. 54, SUITE B-14, PMB 224 WESLEY CHAPEL, FL 33543																																																																																																																				
<b>2. Principal Place of Business - No P.O. Box #</b> 25945 Queen Sago Place		<b>3. Mailing Address</b> 25945 Queen Sago Place																																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																					
<b>City &amp; State</b> Wesley Chapel, FL		<b>City &amp; State</b> Wesley Chapel, FL		<b>4. FEI Number</b> 65-1215232																																																																																																																			
<b>Zip</b> 33544		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																			
<b>6. Name and Address of Current Registered Agent</b>  KEEFE, MICHAEL B S.R. 54 SUITE B-14, PMB 224 WESLEY CHAPEL, FL 33543			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 25945 Queen Sago Place City Wesley Chapel FL Zip Code 33544																																																																																																																				
<b>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.</b>  SIGNATURE: <u>Michael B Keefe</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1-25-07</u>																																																																																																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">KEEFE, MICHAEL B</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">25945 QUAIL HOLLOW PL. 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<b>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.</b>																																																																																																																							
<b>SIGNATURE:</b> <u>Michael B Keefe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1-25-07      813 991-7722 <small>Date      Daytime Phone #</small>																																																																																																																			

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