


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90171 048 ***150.00

DOCUMENT # P04000050783 1. Entity Name TOP LINE GUTTERS INC.			
Principal Place of Business 321 SARAH ROAD SW PALM BAY, FL 32908		Mailing Address 321 SARAH ROAD SW PALM BAY, FL 32908	
2. Principal Place of Business <i>1755 Winding Ridge Circle SE</i> Suite, Apt. #, etc.		Mailing Address <i>1755 Winding Ridge Circle SE</i> Suite, Apt. #, etc.	
City & State <i>Palm Bay, FL</i> Zip <i>32909</i> Country <i>Florida</i>		City & State <i>Palm Bay, FL</i> Zip <i>32909</i> Country <i>Florida</i>	
6. Name and Address of Current Registered Agent LEONARD, GREG 321 SARAH ROAD SW PALM BAY, FL 32908		7. Name and Address of New Registered Agent Name <i>1755 Winding Ridge Circle SE</i> Street Address (P.O. Box Number is Not Applicable) City <i>Palm Bay</i> FL Zip Code <i>32909</i>	
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: <i>Greg Leonard</i> DATE: <i>3-1-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	<input type="checkbox"/> Delete D LEONARD, GREG 321 SARAH ROAD SW PALM BAY, FL 32908	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Greg Leonard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>3-1-05</i> Daytime Phone # _____	