

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90104 046 ***150.00

DOCUMENT # P04000090183 1. Entity Name TOP NOTCH AUTO DETAILING INC.			
Principal Place of Business PO BOX 667382 POMPANO BEACH, FL 33066		Mailing Address PO BOX 667382 POMPANO BEACH, FL 33066 P.O. BOX 216 (PAB)	
2. Principal Place of Business 6326 ALASKA AVE Suite, Apt. #, etc.		3. Mailing Address 6326 ALASKA AVE Suite, Apt. #, etc.	
City & State NEW PORT RICHEY, FL		City & State NEW PORT RICHEY, FL	
Zip 34653		Zip 34653	
Country		Country	
4. FEI Number 75-3157813		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURDHIMO, PETER N 2807 N. COURSE DRIVE # 207 POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name Peter Burdthimo Street Address (P.O. Box Number is Not Acceptable) 6326 Alaska Ave City New Port Richey FL Zip Code 34653	
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>Peter N. Burdthimo</i></u> 4-12-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	P. <input type="checkbox"/> Delete BURDHIMO, PETER N P.O. BOX 667382 POMPANO BEACH, FL 33066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Burdthimo, Peter N 6326 ALASKA AVE New Port Richey, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete BURDHIMO, PETER N P.O. BOX 667382 POMPANO BEACH, FL 33066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES <input type="checkbox"/> Delete BURDHIMO, PETER N P.O. BOX 667382 POMPANO BEACH, FL 33066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR <input type="checkbox"/> Delete BURDHIMO, PETER N P.O. BOX 667382 POMPANO BEACH, FL 33066	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Peter N. Burdthimo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PRESIDENT PETER BURDHIMO 4-12-05 <small>Date Daytime Phone #</small>	