

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170628

FILED
May 13, 2008
Secretary of State

Entity Name: TOP NOTCH STUCCO & LATHE, INC.

Current Principal Place of Business:

51 ST. KITTS CIRCLE
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

51 ST. KITTS CIRCLE
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 20-2041251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOBLEY, AARON R
51 ST. KITTS CIRCLE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOBLEY, AARON R
Address: 51 ST. KITTS CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: S () Delete
Name: SIMMONS, JERED
Address: 51 ST. KITTS CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: SIMMONS, JORDAN F
Address: 9030 THOMASVILLE DR
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SIMMONS, JERED
Address: 214 ST. RD. 544
City-St-Zip: HAINES CITY, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON MOBLEY

P

05/13/2008

Electronic Signature of Signing Officer or Director

Date