

## **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000171501

**FILED**  
**Jul 18, 2011**  
**Secretary of State**

**Entity Name:** TOP NOTCH LAWN CARE, INC.

**Current Principal Place of Business:**

2205 VERMONT ST  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

2205 VERMONT ST  
WEST MELBOURNE, FL 32904

**New Mailing Address:**

**FEI Number:** 20-2058722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KILMER, JOSEPH T JR.  
2205 VERMONT ST  
WEST MELBOURNE, FL 32904 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

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** KILMER, JOSEPH T JR.  
**Address:** 2205 VERMONT ST  
**City-St-Zip:** WEST MELBOURNE, FL 32904

**Title:** D1VP  
**Name:** STRICKLAND, AARON  
**Address:** 315 LARGO CIRLE APT 105  
**City-St-Zip:** WEST MELBOURNE, FL 32904

**Title:** D2VP  
**Name:** CHILDERS, JOHN  
**Address:** 420 RUTGERS AVE  
**City-St-Zip:** MELBOURNE, FL 32901

I hereby 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 all other like empowered.

**SIGNATURE:** JOSEPH KILMER

DPST

07/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date