

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90106 027 ***150.00

DOCUMENT # P05000021027

1. Entity Name
TOP NOTCH INSPECTIONS, INC.



Principal Place of Business
431 NW 6TH AVE
BOYNTON BEACH, FL 33435

Mailing Address
431 NW 6TH AVE
BOYNTON BEACH, FL 33435



2. Principal Place of Business
S-H Crossing Circle
Suite, Apt. #, etc.

3. Mailing Address
S-H Crossing Circle
Suite, Apt. #, etc.

04252006 Chg-P CR2E034 (11/05)

City & State
Boynton Beach, FL
33435
Country
USA

City & State
Boynton Beach, FL
33435
Country
USA

4. FEI Number
20-2346128
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES, MICHAEL
431 NW 6TH AVE
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
S-H Crossing Circle
City Boynton Beach FL Zip Code 33435

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------|----------------|-------------------------|---------------------------------|
| D | CHARLES, MICHAEL | 431 NW 6TH AVE | BOYNTON BEACH, FL 33435 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|---------------------|-------------------|-------------|--|
| | S-H Crossing Circle | Boynton Beach, FL | 33435 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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 I am empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #