


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P05000065361	
1. Entity Name TOP NOTCH LIGHTING SERVICES, INC.	

Principal Place of Business 29395 SOULT RD BROOKSVILLE, FL 34602	Mailing Address PO BOX 1823 BROOKSVILLE, FL 34605-1823
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DO NOT WRITE IN THIS SPACE



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2794281	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS O. MICHAELS, P.A.
 1370 PINEHURST ROAD
 DUNEDIN, FL 34698

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DPT KNOWLES, MARK D 29395 SOULT RD BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KNOWLES, LORA T 29395 SOULT RD BROOKSVILLE, FL 34602
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 05/15/07-80021-003 150.00

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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 like empowered.

SIGNATURE: *Mark Knowles* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date: *3/25/07* Daytime Phone #: *352 584 6895*