

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90047 028 \*\*\*150.00

DOCUMENT # P06000101432

1. Entity Name

TOP NOTCH TRIM AND REMODELING SERVICES, INC.



Principal Place of Business

445 GULF SHORE DRIVE  
#205  
DESTIN FL 32541  
US

Mailing Address

445 GULF SHORE DRIVE  
#205  
DESTIN FL 32541  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

TOP Notch Trim & Remodeling Services Inc

Suite, Apt. #, etc.

1 Gulf Breeze Ct.

Suite, Apt. #, etc.

1 Gulf Breeze Ct

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

USA

Zip

32541

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

020780077

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIS, STEPHEN C ESQ.  
860 HIGHWAY 98 EAST  
SUITE 27  
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: HAWKINS, NANCY  
STREET ADDRESS: 445 GULF SHORE DRIVE, #205  
CITY - ST - ZIP: DESTIN FL 32541 ☐ Delete

TITLE: VP  
NAME: HAWKINS, JAMES  
STREET ADDRESS: 445 GULF SHORE DRIVE, #205  
CITY - ST - ZIP: DESTIN FL 32541 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P  
NAME: HAWKINS, NANCY  
STREET ADDRESS: 1 Gulf Breeze Ct  
CITY - ST - ZIP: DESTIN, FL 32541 ☒ Change ☐ Addition

TITLE: V.P.  
NAME: Hawkins James  
STREET ADDRESS: 1 Gulf Breeze Ct  
CITY - ST - ZIP: DESTIN, FL 32541 ☒ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-07 901634-7799