


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90040 043 ***150.00

DOCUMENT # P06000101432	
1. Entity Name TOP NOTCH TRIM AND REMODELING SERVICES, INC.	

Principal Place of Business 1 GULF BREESE CT DESTIN FL 32541 US	Mailing Address 1 GULF BREESE CT DESTIN FL 32541 US
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2. Principal Place of Business - No P.O. Box # 204 W. Shipwreck Rd Suite, Apt. #, etc.	3. Mailing Address 204 W. Shipwreck Rd Suite, Apt. #, etc. Santa Rosa Beach, FL
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1st MOORE CR2E034 (10/07)

City & State Santa Rosa Beach FL	City & State Santa Rosa Beach, FL
Zip 32459	Country

4. FEI Number 02-0786677	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIS, STEPHEN C ESQ. 860 HIGHWAY 98 EAST SUITE 27 DESTIN FL 32541	
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME HAWKINS, NANCY	
STREET ADDRESS 1 GULF BREEZE CT	
CITY-ST-ZIP DESTIN FL 32541	
TITLE VP	<input type="checkbox"/> Delete
NAME HAWKINS, JAMES	
STREET ADDRESS 1 GULF BREEZE CT	
CITY-ST-ZIP DESTIN FL 32541	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Hawkins, Nancy	
STREET ADDRESS 204 W. Shipwreck Rd	
CITY-ST-ZIP Santa Rosa Beach FL 32459	
TITLE V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Hawkins James	
STREET ADDRESS 204 W. Shipwreck Rd	
CITY-ST-ZIP Santa Rosa Beach FL 32459	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Nancy Hawkins President 21508 7016342798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #