## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000137301

Entity Name: TOP KNOTCH TILE & MORE, INC.

**FILED** Mar 25, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

45345 OAK TRAIL 44467 WOODRIDGE DRIVE

NONE NONE

CALLAHAN, FL 32011 US CALLAHAN, FL 32011

**Current Mailing Address: New Mailing Address:** 

45345 OAK TRAIL 44467 WOODRIDGE DRIVE

NONE NONE

CALLAHAN, FL 32011 US CALLAHAN, FL 32011 US

FEI Number: 20-5794362 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

COPELAND, THOMAS J ZOELLER, CHARLES M JR 45345 OAK TRAIL 44467 WOODRIDGE DRIVE NONE NONE

CALLAHAN, FL 32011 US CALLAHAN, FL 32011 US

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: CHARLES M ZOELLER JR 03/25/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition COPELAND, THOMAS J Name: Name: ZOELLER, CHARLES M JR 45345 OAK TRAIL 44467 WOODRIDGE DRIVE Address: Address: City-St-Zip: CALLAHAN, FL 32011 US City-St-Zip: CALLAHAN, FL 32011 US

(X) Delete Title: DVP Title: () Change () Addition

Name: BRADDOCK, SCOTT B Name: 85977 AVANT ROAD Address: Address: YULEE, FL 32097 US City-St-Zip: City-St-Zip:

Title: Title: DT (X) Delete () Change () Addition

HIGGINBOTHAM, HENRY K II Name: Name: 10349 EAST ST MARYS CIRCLE Address: Address: City-St-Zip: MCCLENNY, FL 32063 US City-St-Zip:

Title: DS (X) Delete Title: () Change () Addition

BLAIR, THOMAS A Name: Name: P O BOX 1670 449672 US HWY 301 Address: Address: City-St-Zip: CALLAHAN, FL 320111670 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES M ZOELLER JR DP 03/25/2007