

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000050216

FILED  
Mar 06, 2008  
Secretary of State

Entity Name: TOP SHELF SERVICES OF SW FL, INC.

## Current Principal Place of Business:

27499 RIVERVIEW CENTER BLVD.  
SUITE 128  
BONITA SPRINGS, FL 34134

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 990577  
NAPLES, FL 34116

## New Mailing Address:

FEI Number: 06-1812242      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINE, DEBRA S  
3800 19TH AVE SW  
NAPLES, FL 34117 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EATON, DAVID R  
Address: 3800 19TH AVE SW  
City-St-Zip: NAPLES, FL 34117 US

Title: VP ( ) Delete  
Name: EATON, JUSTIN D  
Address: 28252 VILLAGE WALK CIR  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VP (X) Delete  
Name: MONTEAGUDO, MATTHEW  
Address: 5690 GREEN BLVD.  
City-St-Zip: NAPLES, FL 34116

Title: VP (X) Delete  
Name: WINE, DEBRA S  
Address: 3800 19TH AVE SW  
City-St-Zip: NAPLES, FL 34117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: WINE, DEBRA S  
Address: 3800 19TH AVE SW  
City-St-Zip: NAPLES, FL 34117 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA S WINE

VP

03/06/2008

Electronic Signature of Signing Officer or Director

Date