

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