

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/9/2008-90023-001-\$150.00-\$150.00 \*  
9/9/2008-90023-002-\$8.75-\$8.75

DOCUMENT # P07000086566

1. Entity Name  
TOPLINE INTERIOR/EXTERIOR DESIGN, INC.



Principal Place of Business  
11211 DORSEY DRIVE  
MIAMI, FL 33176 US

Mailing Address  
11211 DORSEY DRIVE  
MIAMI, FL 33176 US

08 SEP 24 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07302008 Chg-P CR2E034 (12/06)

4. FEI Number

26-0645095

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AITCHESON, MICHAEL  
11211 DORSEY DRIVE  
MIAMI, FL 33176

Name

Eccleston Aitcheson

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

11211 Dorsey Drive

City

Miami

FL

Zip Code

33176

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

Eccleston Aitcheson

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

(NOTE: Registered Agent signature required when reinstating)

9/2/08

Date

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	AITCHESON, ECCLESTON	
STREET ADDRESS	11211 DORSEY DRIVE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AITCHESON, MICHAEL	
STREET ADDRESS	11211 DORSEY DRIVE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 Chapter 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:

Eccleston Aitcheson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/2/08 (786) 715-0605  
(305) 335-7492

Daytime Phone

KS