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Mar 10, 2008 8:00 am
Secretary of State
02-04-2008 90053 036 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P07000113118

1. Entity Name
TOP NOTCH CARPENTY OF SWF. INC.

Principal Place of Business	Mailing Address
2701 NE 1ST PLACE CAPE CORAL, FL 33909	2701 NE 1ST PLACE CAPE CORAL, FL 33909

New add
66002941

2. Principal Place of Business No P.O. Box #	3. Mailing Address
	P.O. BOX 150597
Suite, Apt. #, etc.	Suite, Apt. #, etc. Cape Coral, FL
City & State	City & State 33915-0597 USA
Zip / Country	Zip / Country

01092008 Chg-P CR2E034 (12/06)

4. FEI Number 74-3233969 ☐ 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
WRIGHT, CHRISTINE F ESQ. 2735 SANTA BARBARA BLVD. SUITE 201 CAPE CORAL, FL 33914	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 ______________________________

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, DILLON J 2701 NE 1ST PLACE CAPE CORAL, FL 33909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, LINDSEY A 2701 NE 1ST PLACE CAPE CORAL, FL 33909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Lindsey Bryant 1-14-08 239-645-0805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR