

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000062956

FILED
Apr 28, 2012
Secretary of State

Entity Name: A TOP NOTCHED APPROACH, INC.

Current Principal Place of Business:

304 DURHAM AVE.
LAKE PLACID, FL 338527868

New Principal Place of Business:

Current Mailing Address:

304 DURHAM AVE.
LAKE PLACID, FL 338527868

New Mailing Address:

FEI Number: 27-0609260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, SHIRLEY E
304 DURHAM AVE.
LAKE PLACID, FL 338527868 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: O
Name: WILSON, SHIRLEY E
Address: 304 DURHAM AVE.
City-St-Zip: LAKE PLACID, FL 338527868 US

Title: O
Name: WILSON, CALVIN
Address: 304 DURHAM AVE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: M
Name: WILSON, MARIO A
Address: 8064 SR 64 E
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

Title: M
Name: WILSON, CALVIN L
Address: 591 COUNTRY PLACE
City-St-Zip: AUGUSTA, GA 30809 US

Title: M
Name: WILSON, MONICA L
Address: 110 BUNCHE STREET
City-St-Zip: LAKE PLACID, FL 33853 US

Title: M
Name: WILSON, VANESSA F
Address: 591 COUNTRY PLACE
City-St-Zip: AUGUSTA, FL 30809 US

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY E WILSON

O

04/28/2012

Electronic Signature of Signing Officer or Director

Date