2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2004
Secretary of State

DOCUMENT# P93000043382

Entity Name: TOPLIFF PAINTING, INC.

Current Principal Place of Business:

17571 ROCKERFELLER CIR
FORT MYERS, FL 339125805

New Principal Place of Business:

Current Mailing Address:

574 SANFORD DR.
FORT MYERS, FL 339193134

New Mailing Address:

FEI Number: 65-0428203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOPLIFF, JACK E JR
574 SANFORD DR.
FORT MYERS, FL 33919 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TOPLIFF, JACK E JR
Address: 574 SANFORD DR.
City-St-Zip: FORT MYERS, FL 339193134

Title: VP ( ) Delete
Name: TOPLIFF, ROBERT
Address: 5219 CEDAR BEND DR., #4
City-St-Zip: FORT MYERS, FL 33919

Title: ST ( ) Delete
Name: TOPLIFF, KATHY
Address: 574 SANFORD DR.
City-St-Zip: FORT MYERS, FL 339193134

Title: VP ( ) Delete
Name: MILES, MITCHELL L
Address: 7961 GLADIOLUS DR APT #201
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete
Name: TOPLIFF, MICHAEL
Address: 7447 ALBANY RD.
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: TOPLIFF, ROBERT
Address: 17413 INGRAM RD.
City-St-Zip: FORT MYERS, FL 33912

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

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 for the exemption stated in Section 119.07(3)(i), 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: KATHY TOPLIFF ST 04/17/2004

Electronic Signature of Signing Officer or Director — Date