## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000043382

Title:

Name:

Address: City-St-Zip:

Entity Name: TOPLIFF PAINTING, INC.

**FILED** Apr 16, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 17571 ROCKERFELLER CIR FORT MYERS, FL 339125805 **Current Mailing Address: New Mailing Address:** 574 SANFORD DR. FORT MYERS, FL 339193134 FEI Number: 65-0428203 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOPLIFF, JACK E JR 574 SANFORD DR. FORT MYERS, FL 33919 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition TOPLIFF, JACK E JR Name: Name: 574 SANFORD DR. Address: Address: City-St-Zip: FORT MYERS, FL 339193134 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition TOPLIFF, ROBERT Name: Name: 17413 INGRAM RD. Address: Address: FORT MYERS, FL 33912 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition TOPLIFF, KATHY Name: Name: 574 SANFORD DR. Address: Address: City-St-Zip: FORT MYERS, FL 339193134 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition MILES, MITCHELL L Name: Name: Address: 7961 GLADIOLUS DR APT #201 Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33908

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KATHY TOPLIFF ST 04/16/2005

() Delete

TOPLIFF, MICHAEL

FORT MYERS, FL 33912

7447 ALBANY RD.

(X) Change ( ) Addition

2936 SANTA BARBARA PLACE, #C

TOPLIFF, MICHAEL

FORT MYERS, FL 33904