2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000043382

Entity Name: TOPLIFF PAINTING, INC.

FILED Apr 14, 2007 Secretary of State

17571 ROCKERFELLER CIR 17571 ROCKERFELLER CIR FORT MYERS, FL 33967 FORT MYERS, FL 339125805

Current Mailing Address: New Mailing Address:

542 PRATHER DR. 574 SANFORD DR.

FORT MYERS, FL 339193130 FORT MYERS, FL 33919

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 TOPLIFF, JACK E JR 574 SANFORD DR. 542 PRATHER DR.

FORT MYERS, FL 33919 US 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: 04/14/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

TOPLIFF, JACK E JR TOPLIFF, JACK E JR Name: Name: 542 PRATHER DR. 574 SANFORD DR. Address: Address: City-St-Zip: FORT MYERS, FL 339193130 City-St-Zip: FORT MYERS, FL 33919

VΡ Title: VΡ Title: () Delete (X) Change () Addition

TOPLIFF, ROBERT TOPLIFF, ROBERT Name: Name: 17413 INGRAM RD. 17413 INGRAM RD Address: Address: FORT MYERS, FL 33912 FORT MYERS, FL 33967 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: TOPLIFF, KATHY TOPLIFF, KATHLEEN Name: Name:

542 PRATHER DR. 574 SANFORD DR. Address: Address: City-St-Zip: FORT MYERS, FL 339193130 City-St-Zip: FORT MYERS, FL 33919

Title: () Delete Title: (X) Change () Addition

TOPLIFF, MICHAEL TOPLIFF, MICHAEL Name: Name: Address: 542 PRATHER DR. Address: 5742SANFORD DR. City-St-Zip: City-St-Zip: FORT MYERS, FL 33919 FORT MYERS, FL 33919

Title: Title: () Delete () Change () Addition

TOPLIFF, TODD Name: Name: 833-F MEADOWLAND DR. Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KATHLEEN TOPLIFF ST 04/14/2007