

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000043382

Entity Name: TOPLIFF PAINTING, INC.

FILED
Jun 11, 2008
Secretary of State

Current Principal Place of Business:

17571 ROCKERFELLER CIR
FORT MYERS, FL 33967

New Principal Place of Business:

17571 ROCKEFELLER CIR
FORT MYERS, FL 33967

Current Mailing Address:

574 SANFORD DR.
FORT MYERS, FL 33919

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 33919

Title: VP () Delete
Name: TOPLIFF, ROBERT
Address: 17413 INGRAM RD.
City-St-Zip: FORT MYERS, FL 33967

Title: ST () Delete
Name: TOPLIFF, KATHLEEN
Address: 574 SANFORD DR.
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: TOPLIFF, MICHAEL
Address: 5742 SANFORD DR.
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: TOPLIFF, TODD
Address: 833-F MEADOWLAND DR.
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: TOPLIFF, MICHAEL
Address: 574 SANFORD DR.
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change () Addition
Name: TOPLIFF, TODD
Address: 574 SANFORD DR.
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify 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

06/11/2008

Electronic Signature of Signing Officer or Director

_____ Date