

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90051 025 ***150.00

DOCUMENT # P97000010998

1. Entity Name
TOP HAND COMPANY



Principal Place of Business
RT 17 BOX 1002
LAKE CITY, FL 32055

Mailing Address
RT 17 BOX 1002
LAKE CITY, FL 32055

44004071

2. Principal Place of Business

3256 N.W. Brown Road
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

City & State

Zip

City & State

Zip

City & State

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01062004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3433257

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWDOIN, ROD

RT 17 BOX 1002

LAKE CITY, FL 32055

3256 N.W. Brown Rd
Lake City, FL
32055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

ROD BOWDOIN, PRES.

1/15/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BOWDOIN, ROD
STREET ADDRESS RT 17 BOX 1002 3256 N.W. Brown Rd.
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROD BOWDOIN, PRES.

1/15/04

386-752-4120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #