

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000033407

1. Entity Name
TOP NOTCH CONCRETE, INC.



Principal Place of Business

**1194 OLD DIXIE HIGHWAY #20
LAKE PARK, FL 33403**

Mailing Address

**PO BOX 7033
WEST PALM BEACH, FL 33405**



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0744014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CRAMER, HARRIS LLP
1555 PALM BEACH LAKES BLVD
SUITE 310
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000465890
03/22/06-00054-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	FENNELL, R. BRIAN
STREET ADDRESS	1194 OLD DIXIE HIGHWAY #20
CITY-ST-ZIP	LAKE PARK, FL 33403

TITLE	DVS
NAME	MCCOLGIN, TODD C
STREET ADDRESS	1194 OLD DIXIE HIGHWAY #20
CITY-ST-ZIP	LAKE PARK, FL 33403

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

SIGNATURE: Todd C McColgin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06 8017413360
Date Daytime Phone #