

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 15, 2010  
Secretary of State**

DOCUMENT# P97000100694

Entity Name: TOP NOTCH TRIM, INC.

**Current Principal Place of Business:**

2837 S.W. 26TH AVE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

2125 SW 5TH AVE  
CAPE CORAL, FL 33991

**Current Mailing Address:**

2837 S.W. 26TH AVE  
CAPE CORAL, FL 33914

**New Mailing Address:**

2125 SW 5TH AVE  
CAPE CORAL, FL 33991

FEI Number: 65-0794667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLASSETTI, MICHAEL N  
2837 S.W. 26TH AVE.  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

CLASSETTI, MICHAEL N  
2125 SW 5TH AVE  
CAPE CORAL, FL 33991 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

11/15/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLASSETTI, MICHAEL  
Address: 2125 SW 5TH AVE  
City-St-Zip: CAPE CORAL, FL 33991

Title: V  
Name: CLASSETTI, BRIDGET  
Address: 2125 SW 5TH AVE  
City-St-Zip: CAPE CORAL, FL 33991

Title: S  
Name: PARKER, CHAD  
Address: 2125 SW 5TH AVE  
City-St-Zip: CAPE CORAL, FL 33991

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL CLASSETTI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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11/15/2010

\_\_\_\_\_  
Date