

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S00605

Entity Name: TOP COAT & TAILS INC.

FILED
Jun 05, 2005
Secretary of State

Current Principal Place of Business:

634 9TH ST N
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

634 9TH ST N
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0220925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VIDMICH, ROBERT A PVS
634 9TH ST N
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

CLARKE, RHONDA R PVS
634 9TH ST N
NAPLES, FL 34102 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: RHONDA R. CLARKE

06/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVS () Delete
Name: VIDMICH, ROBERT A PVS
Address: 634 9TH ST N
City-St-Zip: NAPLES, FL 34102 US

Title: T () Delete
Name: VIDMICH, ROBERT A T
Address: 634 9TH ST N
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS (X) Change () Addition
Name: CLARKE, RHONDA R PVS
Address: 634 9TH ST N
City-St-Zip: NAPLES, FL 34102 US

Title: T (X) Change () Addition
Name: CLARKE, RHONDA R T
Address: 634 9TH ST N
City-St-Zip: NAPLES, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RHONDA R. CLARKE

PVS

06/05/2005

Electronic Signature of Signing Officer or Director

Date