

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90083 038 ***150.00



DOCUMENT # F03000005793

1. Entity Name

BEST VENDORS MANAGEMENT, INC.

Principal Place of Business

2400 YORKMONT RD.
 CHARLOTTE NC 28217

Mailing Address

C/O TAX DEPT
 2400 YORKMONT RD.
 CHARLOTTE NC 28217



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

42-1607162

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--------------------------------------------|
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | ROSSITCH, RICHARD | |
| STREET ADDRESS | 2400 YORKMONT RD. | |
| CITY-ST-ZIP | CHARLOTTE NC 28217 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ONDROF, THOMAS G | |
| STREET ADDRESS | 2400 YORKMONT ROAD | |
| CITY-ST-ZIP | CHARLOTTE NC 28217 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | WELLS, C. PHILLIP | |
| STREET ADDRESS | 2400 YORKMONT RD. | |
| CITY-ST-ZIP | CHARLOTTE NC 28217 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | THARRINGTON, NICOLE | |
| STREET ADDRESS | 2400 YORKMONT RD. | |
| CITY-ST-ZIP | CHARLOTTE NC 28217 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | ZAU, GARY Z | |
| STREET ADDRESS | 2400 YORKMONT RD. | |
| CITY-ST-ZIP | CHARLOTTE NC 28217 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | BRIOTTE, KRISTIN E | |
| STREET ADDRESS | 2400 YORKMONT RD. | |
| CITY-ST-ZIP | CHARLOTTE NC 28217 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

SIGNATURE: *Richard J. Rossitch* Richard J. Rossitch *Asst Secretary* 4.4.06 704.328.7708
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

400H7163
F 03000005793

**BEST VENDORS MANAGEMENT, INC.
Corporate Data Sheet**

Address: 2400 Yorkmont Road
Charlotte, NC 28217

DIRECTORS

Mike Kiser
Dale Whetstone
Richard Brody
David Rosner
Dennis Hogan
William Weisman
Mark Wilson

OFFICERS

| | |
|---------------------|---------------------------|
| Anthony P. McDonald | President |
| Mike Kiser | CEO |
| Dale Whetstone | Chief Financial Officer |
| Gary Zauf | Treasurer |
| Kristin E. Briotte | Assistant Secretary |
| Deborah K. Delano | Assistant Secretary – Tax |
| Richard J. Rossitch | Assistant Secretary |
| Nicole Tharrington | Assistant Secretary |
| C. Phillip Wells | Assistant Secretary |