

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90048 027 ***150.00

DOCUMENT # P05000001728 1. Entity Name FLORIDASBESTCLOSERS.COM, INC.			
Principal Place of Business 23919 TEPEE CT. LUTZ, FL 33559 US		Mailing Address 23919 TEPEE CT LUTZ, FL 33559 US	
2. Principal Place of Business 15310 Amberly Dr. Suite, Apt. #, etc. 250 City & State TAMPA, FL Zip 33647 Country USA		3. Mailing Address 15310 Amberly Dr. Suite, Apt. #, etc. Suite 250 City & State Tampa, FL Zip 33647 Country USA	
4. FEI Number 20-2103509		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 HETZEL, TARA 35246 US HWY 19 N #311 PALM HARBOR, FL 34684		7. Name and Address of New Registered Agent Name DAVID FREIDIN Street Address (P.O. Box Number is Not Acceptable) 4016 Henderson Blvd. City TAMPA FL Zip Code 33629	
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 DATE 2/24/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BARNES, MINDI D 23919 TEPEE CT LUTZ, FL 33559	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an address, with all other like empowered.			
SIGNATURE:		Date 2/22/06 Daytime Phone # 727-432-1882	