

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076663

FILED
Jul 11, 2006
Secretary of State

Entity Name: B E S T CONSTRUCTION OF SEMINOLE COUNTY INC

Current Principal Place of Business:

400 FOREST LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

400 FOREST LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANCH, E ROBERT
1028 N US 1
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

2020 FINANCIAL ADVISERS, LLC
345 CLYDE MORRIS BLVD
SUITE 460
ORMOND BEACH, FL 32174 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: ROBERT BRANCH, CHFC, CFP
Electronic Signature of Registered Agent
07/11/2006
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SWOFFORD, ROBERT
Address: 400 FOREST LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP () Delete
Name: SWOFFORD, SHARON
Address: 400 FOREST LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SWOFFORD, ROBERT G JR
Address: 400 FOREST LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT G. SWOFFORD, JR
Electronic Signature of Signing Officer or Director
P
07/11/2006
Date