


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000076663

1. Entity Name  
**B E S T CONSTRUCTION OF SEMINOLE COUNTY INC**



Principal Place of Business      Mailing Address

400 FOREST LAKE DRIVE      400 FOREST LAKE DRIVE  
 ALTAMONTE SPRINGS, FL 32714 US      ALTAMONTE SPRINGS, FL 32714 US

**DO NOT WRITE IN THIS SPACE**



02182008      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>20-2895424</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

2020 FINANCIAL ADVISERS, LLC  
 345 CLYDE MORRIS BLVD  
 SUITE 460  
 ORMOND BEACH, FL 32174

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

U00000820685  
 04/08/08 80100 019 150 75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SWOFFORD, ROBERT G JR
STREET ADDRESS	400 FOREST LAKE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	VP
NAME	SWOFFORD, SHARON
STREET ADDRESS	400 FOREST LAKE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Robert Swofford      3/19/08      407-786-0108  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #