2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 166847

Entity Name: BESTWAY REFRIGERATED SERVICE, INC.

FILED Feb 05, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2994 ORANGE AVE P.O. BOX 908 APOPKA, FL 32703 PLYMOUTH, FL 32768

Current Mailing Address: New Mailing Address:

2994 ORANGE AVENUE P.O. BOX 908
P.O. BOX 908
PLYMOUTH, FL 32768

FEI Number: 59-1024267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAMPBELL, DAN E
205 POND DR
MT DORA, FL 32757 US

CAMPBELL, DAN E
157 POND DR
MT DORA, FL 32757 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: 02/05/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Delete Title: CEO (X) Change () Addition
Name: CAMPBELL, DAN E Name: CAMPBELL, DAN E
Address: 157 POND RD
Address: 157 POND RD

 Address:
 157 POND RD
 Address:
 157 POND DR

 City-St-Zip:
 MT DORA, FL 32757
 City-St-Zip:
 MT DORA, FL 32757

Title: VP () Delete Title: () Change () Addition Name: CAMPBELL, DOROTHY H Name:

 Name:
 CAMPBELL, DOROTHY H
 Name:

 Address:
 157 POND RD
 Address:

 City-St-Zip:
 MT DORA, FL 32757
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 CAMPBELL, EVERETT O JR.
 Name:

 Address:
 2994 ORANGE AVE.
 Address:

 City-St-Zip:
 PLYMOUTH, FL 32768
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAN E. CAMPELL CEO 02/05/2008