

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90229 011 \*\*\*150.00

<b>DOCUMENT # 194227</b>					
1. Entity Name <b>BEST INSURORS, INC.</b>					
Principal Place of Business <b>4211 W BOY SCOUT BLVD SUITE 1000 TAMPA, FL 33607</b>			Mailing Address <b>4211 W BOY SCOUT BLVD TAX DEPT SUITE 1000 TAMPA, FL 33607</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-0787507</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 SO. PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PATRICK, VICTOR P</b>	NAME			
STREET ADDRESS	<b>4211 W BOY SCOUT BLVD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>	CITY-ST-ZIP			
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DEARDEN, MILES C III</b>	NAME			
STREET ADDRESS	<b>4211 W BOY SCOUT BLVD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>	CITY-ST-ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>SNYDER, DANA A.</b>	NAME	<b>Volz, John P.</b>		
STREET ADDRESS	<b>4211 W BOY SCOUT BLVD</b>	STREET ADDRESS	<b>4211 W Boy Scout Blvd</b>		
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>	CITY-ST-ZIP	<b>Tampa, FL 33607</b>		
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>EISCH, CYNTHIA B</b>	NAME			
STREET ADDRESS	<b>4211 W BOY SCOUT BLVD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>OHRT, WILLIAM F</b>	NAME			
STREET ADDRESS	<b>4211 W BOY SCOUT BLVD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>	CITY-ST-ZIP			
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>TROY, JOSEPH J</b>	NAME	<b>Cauthen, Charles E.</b>		
STREET ADDRESS	<b>4211 W BOY SCOUT BLVD</b>	STREET ADDRESS	<b>4211 W Boy Scout Blvd</b>		
CITY-ST-ZIP	<b>TAMPA, FL 33607</b>	CITY-ST-ZIP	<b>Tampa, FL 33607</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>BEST INSURORS, INC.</b> SIGNATURE: <i>Cynthia B. Eisch</i> <b>Asst. Treasurer</b> <i>2/23/05</i> <b>(813)871-4066</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <b>Cynthia B. Eisch</b>					

**50020340**



01072005 Chg-P CR2E034 (10/03)