2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 441814

1. Entity Name

BEST & ASSOCIATES OF SARASOTA, INC.



FILED Feb 09, 2005 8:00 am Secretary of State

02-09-2005 90049 032 ***150.00

Principal Plac	ce of Business	Mailing Address			ł				
107 S OSPREY AVE STE 200 SARASOTA FL 34236		107 S OSPREY AVE STE 200 SARASOTA FL 34236				50012520			
US US									
2. Principal F	lace of Business	3. Mailing Address							
269 S. Osprey Ave.		269 S. Osprey Ave.				E JANUSH MYSTA MIN'NI CINNA CHINI JINDI AYAR MINTI BYNI	BIBLE BIBN BIBN BLE	FRI DOLL	
Suite, Apt.	•	Suite, Apt. #, etc.				1st MOORE CR2E03	4 (10/04)		
Suite 200		Suite 200							
City & State Sarasota, FL		City & State Sarasota, FL			4. FEI N	59-1501237		oplied For ot Applicable	
Zip	Country		Countr	у			\$8.75 Add	ditional	
34236			USA		Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
				`Name				Į	
MCCALLUM, DALE A 107 S OSPREY AVE			Ī	Street Address (P.O. Box Number is Not Acceptable)					
	200					Osprey Ave.			
SARASOTA FL 34236				Suite 200					
				City Sarasot	.a	FI	Zip Cod 34236	le 6	
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 acc									
the obligations of registered agent.									
SIGNATURE Sale a m'Cellum 1/20/2005									
SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE									
Company and the Company of the Compa									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00						9. Election Campaign Finan		. 00 May Be	
Trust Fund Contribution.								ed to Fees	
10.	OFFICERS AND	e all auxilians.	11.		ΔΩΠΤΙΟ	L DNS/CHANGES TO OFFICERS AN	O DIRECTOR	S IN 11	
TITLE	VSD	□ Delete	TITLE			STOP OF TAINGED TO SET TO END AIN	Change	☐ Addition	
NAME	MUKALLA, JOSEPH M	☐ Detete	NAME				LA onlings		
STREET ADDRESS	107 S OSPREY AVE STE 200		STREET	TADDRESS 2	69 S. Os	sprey Ave., Ste. 20	00		
CITY-ST-ZIP	SARASOTA FL 34236		CHTY-S		arasota			Į	
TITLE	PTD	☐ Delete	TITLE		·	<u> </u>	Change	Addition	
NAME	MCCALLUM, DALE	_	NAME	ļ			*		
STREET ADDRESS	07 S OSPREY AVE STE 200 ST		STREET	TADDRESS 2	269 S. Osprey Ave., Ste. 200				
CITY-ST-ZIP	SARASOTA FL 34236		CITY-S	ST-ZIP S	Sarasota, FL 34236				
TITLE	М	☐ Delete	THTLE				Change	Addition	
NAME	MCCALLUM, ANNE		NAME			-	- //		
STREET ADDRESS	107 S OSPREY AVE STE 200			TADDRESS 2	269 S. Osprey Ave., Ste. 200				
CITY-ST-ZIP	SARASOTA FL 34236	··· ·	CITY-S	ST-ZIP S	arasota,	, FL 34236			
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREE*	T ADDRESS				Į.	
			 -	51-217					
TITLE		☐ Delete	TITLE				Change	Addition	
NAME CTOCCT ADDRESS	<u> </u>		NAME	į.				ł	
STREET ADDRESS CITY-ST-ZIP			CITY-S	T ADDRESS					
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TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME. STREET ADDRESS		: •	NAME	T ADDRESS					
CITY-ST-ZIP			CITY-S	l l				•	
	cortify that the information symplicit with		ŧ			17/3Vi) Florida Statutos I further of	The set of the set		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

1/20/2005 941366-9686