

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000000821

Entity Name: BEST OF BEAUTY, INC.

**FILED**  
**Apr 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10261 RIVERMARSH DRIVE  
#183  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

8100 E 22ND BLDG 200  
WICHITA, KS 67226

**New Mailing Address:**

FEI Number: 20-2111759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHELTON, GREG L  
Address: P.O. BOX 780538  
City-St-Zip: WICHITA, KS 67278

Title: STD  
Name: O'CONNOR, DOUGLAS C  
Address: P.O. BOX 780538  
City-St-Zip: WICHITA, KS 67278

Title: C  
Name: SHELTON, JACK L  
Address: 7820 POLO CLUB LANE  
City-St-Zip: SARASOTA, FL 34240

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS C OCONNOR

TD

04/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date