2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2008 08:00 A ate

ANNUAL REPORT				Secretary of Sta			
DOCU	MENT # F060000053	9	İ	ĸ.	oeci eta	iry or Sta	
 Entity Nam 	18						
BUILDER	R'S BEST, INC.						
			TO STATE				
Principal Plac	e of Business	Mailing Address		1			
201 BROILE	S	201 BROILES					
JACKSONVILI	LE, TX 75766	JACKSONVILLE, TX 75766		1			
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				75-233	2791		Not Applicable
				5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current Re		***	L Self oreal torial	and describe territor	aprilatelista e fil	
	-	<u> </u>	1,41,415,47.				
C T CORPORATION SYSTEM				DO	NOT W	RITE	
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Pathetric	5 1 6 5 319 3 2 24	"与设计"的形式作出等:	alia di deri dadi d i	
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			1111111111	as talk			
6. The above	named entity submits this statement for the	ne purpose of changing its registe	red office or register	red agent, or bo	th, in the State of Fk	orida. I am tamil	iar with, and accept
	tions of registered agent.	. ,				•	
SIGNATURE.							
	Signature, typed or printed name of registored agent and	urte if applicable (NOTE: Register	ed Agent signature required	i whon reinstating)	000000	DATE	
		9. Election Campaign Fina	incing \$5	.00 May Be	04/09/08-		3 150.00
	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00			ed to Fees	01.00.00	COLLO COL	J 130.00
10.	OFFICERS AND DI	RECTORS	and Studies	40751174		3444444	. Prince 1 22 1/4
TITLE	PSTD						Manta
NAME	ANDERSEN, JOHN L					4,574,475,4	
STREET ADDRESS CITY-ST-ZIP	201 BROILES JACKSONVILLE, TX 75766						
TITLE	S S						A. J. LA
NAME	DELONG, CAMERON		Rentesia				al two states
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CITY-ST-ZIP	GRAND RAPIDS, MI 495032487				e al la tradet, he said des		
FITLE NAME	D ANDERSON, CHARLES B					HITIM	
STREET ADORESS	211 COOPER RIDGE CT	,				DITE	
CITY-ST-ZIP	BOULDER CITY, NY 39005	<u> </u>			NOT W		
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STREET ADORESS CITY - ST - ZIP							
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-18-08

903-586-8283

Daytime Phone #