

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90294 003 \*\*\*150.00

DOCUMENT # F98000000743

1. Entity Name  
BEST-RITE CHALKBOARD COMPANY



Principal Place of Business  
2885 LORRAINE AVENUE  
TEMPLE, TX 76501

Mailing Address  
P.O. DRAWER D  
TEMPLE, TX 76503



04162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-1687784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTER POSUSTA/SCHOOLHOUSE  
1275 BELCHER ROAD #36  
DUNEDIN, FL 34698

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	MOORE, ERNEST R
STREET ADDRESS	2885 LORRAINE AVENUE
CITY-ST-ZIP	TEMPLE, TX 76501

TITLE	D
NAME	MOORE, LORRAINE
STREET ADDRESS	2885 LORRAINE AVENUE
CITY-ST-ZIP	TEMPLE, TX 76501

TITLE	PD
NAME	MOORE, GREG
STREET ADDRESS	2885 LORRAINE AVENUE
CITY-ST-ZIP	TEMPLE, TX 76501

TITLE	VD
NAME	PRATT, JULIE
STREET ADDRESS	2885 LORRAINE AVENUE
CITY-ST-ZIP	TEMPLE, TX 76501

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-04 254-778-4727