2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H38881

1. Entity Name
BEST INSURANCE COVERAGE, INC.

Principal Place of Business	Mailing Address
3041 DAVIS BLVD NAPLES, FL 34104 US	3041 DAVIS BLVD NAPLES, FL 34104 US

50066610

06012005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2490743

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, J. DAVID
224 E. COMMERCIAL BLVD., #310
LAUDERDALE BY THE SEA, FL 33308

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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EISSMAN, GARY
STREET ADDRESS	3041 DAVIS BLVD
CITY-ST-ZIP	NAPLES, FL 33942

TITLE	V
NAME	EISSMAN, MICHAEL
STREET ADDRESS	2777 S. OAKLAND FOREST DR #104
CITY-ST-ZIP	OAKLAND PARK, FL 33309

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #

9-7-05   (239) 793-2398