
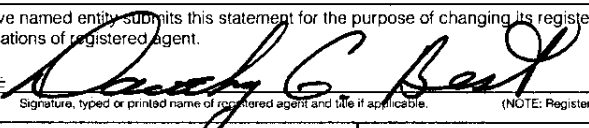
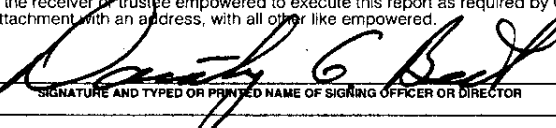


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90001 039 ***150.00

DOCUMENT # J97061 1. Entity Name JAMES BEST ENTERPRISES, INC.					
Principal Place of Business PO BOX 621027 OVIEDO, FL 32762 US			Mailing Address PO BOX 621027 OVIEDO, FL 32762 US		
2. Principal Place of Business 2204 BREAKS LANE Suite, Apt. #, etc.		3. Mailing Address 2204 BREAKS LANE Suite, Apt. #, etc.		04000012	
City & State CHULUOTA, FL		City & State CHULUOTA FL		4. FEI Number 59-2848708	
Zip 32766		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEST, DOROTHY C. 433 PINE HILL BLVD. GENEVA, FL 32732				7. Name and Address of New Registered Agent Name BEST, DOROTHY C. Street Address (P.O. Box Number is Not Acceptable) 2204 BREAKS LANE City CHULUOTA, FL Zip Code 32766	
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  DATE 5-26-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BEST, JAMES STREET ADDRESS 433 PINE HILL BLVD. CITY-ST-ZIP GENEVA, FL 32732,	<input type="checkbox"/> Delete		TITLE D NAME BEST JAMES STREET ADDRESS 2204 BREAKS LANE CITY-ST-ZIP CHULUOTA, FL 32766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BEST, DOROTHY C. STREET ADDRESS 433 PINE HILL BLVD. CITY-ST-ZIP GENEVA, FL 32732,	<input type="checkbox"/> Delete		TITLE D NAME BEST, DOROTHY C. STREET ADDRESS 2204 BREAKS LANE CITY-ST-ZIP CHULUOTA, FL 32766	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5/26/04 Daytime Phone # 407 9779788		