2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# J97061

Entity Name: JAMES BEST ENTERPRISES, INC.

Current Principal Place of Business:

50 ALEXANDER HERITAGE DRIVE
HICKORY, NC 28601 US

New Principal Place of Business:

41 NIGHT HERON PLACE
HICKORY, NC 28601 US

Current Mailing Address:

PO BOX 5325
HICKORY, NC 28603 US

New Mailing Address:

41 NIGHT HERON PLACE
HICKORY, NC 28601 US

FEI Number: 59-2848708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEST, DOROTHY C VP/SEC
50 ALEXANDER HERITAGE DRIVE
HICKORY, NC, FL 28601 US

Name and Address of New Registered Agent:

BEST, DOROTHY C VP/SEC
41 NIGHT HERON PLACE
HICKORY, NC, FL 28601 US

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: 05/06/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BEST, JAMES,
Address: 50 ALEXANDER HERITAGE DRIVE
City-St-Zip: HICKORY, NC 28601

Title: D ( ) Delete
Name: BEST, DOROTHY C.,
Address: 50 ALEXANDER HERITAGE DRIVE
City-St-Zip: HICKORY, NC 28601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BEST, JAMES,
Address: 41 NIGHT HERON PLACE
City-St-Zip: HICKORY, NC 28601

Title: D (X) Change ( ) Addition
Name: BEST, DOROTHY C.,
Address: 41 NIGHT HERON PLACE
City-St-Zip: HICKORY, NC 28601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOROTHY C BEST VP/S 05/06/2008
Electronic Signature of Signing Officer or Director Date