

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L76814

Entity Name: JAMES K. BEST INC.

FILED  
May 06, 2008  
Secretary of State

## 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: 95-3460200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEST, DOROTHY C  
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: DOROTHY C. BEST

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

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

Title: VST (X) Change ( ) Addition  
Name: BEST, DOROTHY C.,  
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

D

05/06/2008

Electronic Signature of Signing Officer or Director

Date