


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

01-21-2005 90081 016 ***150.00

DOCUMENT # N04000001991 1. Entity Name SIMPLY THE BEST WORLD SERIES, INC.					
Principal Place of Business 1312 N EAST AVE PANAMA CITY, FL 32401			Mailing Address 1312 N EAST AVE PANAMA CITY, FL 32401		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1312 N. EAST AVE Suite, Apt. #, etc.			
City & State		City & State PANAMA CITY FL		4. FEI Number 200825887	
Zip 32401	Country U.S.	Zip 32401	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCFATTER, JON 1312 N EAST AVE PANAMA CITY, FL 32401				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 <u><i>Jon McFatter</i></u> DATE <u>2-15-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFATTER, JON 1312 N EAST AVE PANAMA CITY, FL 32401 <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	D SAVAGE, BILL 1312 N EAST AVE PANAMA CITY, FL 32401 <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	D WINKLES, LARRY 1312 N EAST AVE PANAMA CITY, FL 32401 <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 118.07(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 617, 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: <u><i>Jon T. McFatter</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-15-05</u>		Daytime Phone # <u>850 9142045</u>

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01182005 Chg-NP CR2E037 (10/03)