

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90266 014 ****70.00

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

DOCUMENT # NO4000005000					
1. Entity Name THE BEST BLADE, INC.					
Principal Place of Business 502 WARWICK DR. VENICE, FL 34293			Mailing Address 502 WARWICK DR. VENICE, FL 34293		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 14010137	
5. Certificate of Status Desired ☐				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DUNN-RANKIN, MICHAEL 502 WARWICK DR. VENICE, FL 34293				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PVST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DUNN-RANKIN, MICHAEL		NAME		
STREET ADDRESS	502 WARWICK DR.		STREET ADDRESS		
CITY - ST - ZIP	VENICE, FL 34293		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changes or additions are made with an address, with all other like empowered.					
SIGNATURE: <i>Michael Dunn Rankin</i>		Date: <i>4-25-05</i> Phone: <i>941-493-1391</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			