


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2008 8:00 am
Secretary of State

09-04-2008 90045 009 ****70.00

DOCUMENT # N06000009772 1. Entity Name Z-BESTO, INC.					
Principal Place of Business 3919 W PALMETTO STREET TAMPA, FL 33607			Mailing Address PO BOX 11145 TAMPA, FL 33680		
2. Principal Place of Business - No P.O. Box # 12314 Langshaw Dr.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Thonotasssa, FL		City & State			
Zip 33592		Country Hillsborough		Zip	
Country		Country			
4. FEI Number 70-5770219				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIRES, ALMA S DR 3919 W PALMETTO STREET TAMPA, FL 33607			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>Alma S. Hires</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 12, 2008		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	P HIRES, ALMA S DR 3919 W PALMETTO ST TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carolyn Hill 12314 Langshaw Dr Thonotasssa, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIMBLEY, BETTY 1721 MOSAIC FOREST DR SEFFNER, FL 33584	<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	VC HARVEY, HAZEL S DR 4315 W GREEN STREET TAMPA, FL 33607	<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 LANE, BEVERLY REV 8709 TANTALLON CIRCLE LUTZ, FL 33649	<input checked="" type="checkbox"/> Delete Time Only		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Marion Y. Flowers 9008 Hickory Cir. Tampa, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, ELLEN M 6810 WAYSIDE CT TAMPA, FL 33647	<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 HILL, CAROLYN P 12314 LANGSHAW THONOTOSASSA, FL 33502	<input checked="" 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 exemptions contained 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 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>Alma S. Hires</i></u>		Date <u>7/27/08</u>		Daytime Phone # <u>813-879-9728</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					