

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000017615**

1. Entity Name  
**FAR BEST SOLUTIONS, INC.**



Principal Place of Business  
**8147 MARCHANT DRIVE  
NEW PORT RICHEY, FL 34653**

Mailing Address  
**8147 MARCHANT DRIVE  
NEW PORT RICHEY, FL 34653**

**DO NOT WRITE IN THIS SPACE**



02282004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3629916</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KLIMIS, GEORGE N  
27 E ORANGE STR  
TARPOON SPRINGS, FL 34689**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FULTZ, PHILLIP 8147 MARCHANT DRIVE NEW PORT RICHEY, FL 34653
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ROBINSON, BETTY A 8147 MARCHANT DRIVE NEW PORT RICHEY, FL 34653
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

1100000088601  
03/15/04-80059-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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: Phillip A Fultz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-4  
Date

Daytime Phone #