

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90143 005 ***150.00

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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



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3629916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KLIMIS, GEORGE N
27 E ORANGE STR
TARPON 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

**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 Fultz
Phillip Fultz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-5
3-31-5

Date

7278418711
7278418711

Daytime Phone #