


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90474 023 ***150.00

DOCUMENT # P00000056159 1. Entity Name BEST SOURCE HOLDINGS, INC.					
Principal Place of Business 12000 N DALE MABRY HIGHWAY PO Box 273595 SUITE 140 TAMPA, FL 33618 33688				Mailing Address PO BOX 273595 TAMPA, FL 33688	
2. Principal Place of Business PO Box 273595		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tampa FL		City & State 		4. FEI Number 20-1040148 NOT APPLICABLE	
Zip 33688		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADERHOLD, KELLEY A 8917 BEELEER DRIVE TAMPA, FL 33626				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) 12000 N. Dale Mabry Hwy, Suite 140 City Tampa FL Zip Code 33618	
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 \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES ADERHOLD, KELLEY A PRESIDE 8917 BEELEER DRIVE TAMPA, FL 33626		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 273595 Tampa FL 33688
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
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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 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: <u>Kelley A Aderhold</u> 5/3/04 813244520 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

34033313



05062004 Chg-P CR2E034 (10/03)

Attachment

54053913

May 3, 2004

Re: Best Source Holdings P00000056159 and Kelley Aderhold P.A. P02000013834

To Whom Concerned,

I apologize about sending these in a few days late.

My mail has not been getting to me properly, some has ended up at my old address, some forwarded to my ex-husbands forwarding address and I didn't receive the renewal information that I usually get. I have lost two bookkeepers over the last month and happened to call my CPA to make sure I had all my forms filed and quarterly reports and he reminded me of the corp. yearly filings. I went on line and printed out the forms and I am submitting the renewal money.

Please forgive me for sending it in late and please accept the \$150 yearly filing for each of them.

I greatly appreciate your assistance in the matter.

Have a Blessed Day,


Kelley A Aderhold