

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000057812

1. Entity Name

BEST CHOICE PROCESSING, INC.

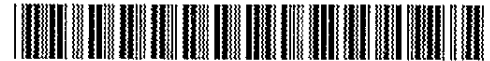


Principal Place of Business

4128 28TH STREET NORTH  
ST. PETERSBURG, FL 33714

Mailing Address

4128 28TH STREET NORTH  
ST. PETERSBURG, FL 33714



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3659207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GEISLER, SCOTT  
4128 28TH STREET NORTH  
ST. PETERSBURG, FL 33714

**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, 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	PDT
NAME	GEISLER, SCOTT
STREET ADDRESS	4128 28TH STREET NORTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33714
TITLE	VSD
NAME	WILKINSON, REX
STREET ADDRESS	4128 28TH STREET NORTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33714
TITLE	D
NAME	YEAKLE, WADE
STREET ADDRESS	4128 28TH STREET NORTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33714
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000108903  
04/12/04-80022-003 150.00

**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 507, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04 (727)520-1769  
Date Daytime Phone #