
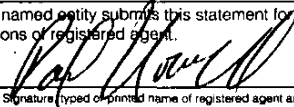
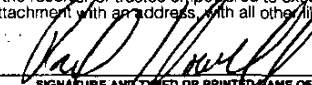


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90146 041 ***150.00

DOCUMENT # P00000112440 1. Entity Name BEST BUILT HOMES, INC.			
Principal Place of Business 517 SOUTHWEST PARK STREET OKEECHOBEE, FL 34974 US		Mailing Address 517 SOUTHWEST PARK STREET OKEECHOBEE, FL 34974 US	
2. Principal Place of Business - No P.O. Box # 517 SW Park Street Suite, Apt. #, etc.		3. Mailing Address 517 SW Park Street Suite, Apt. #, etc.	
City & State Okeechobee, FL Zip 34974		City & State Okeechobee, FL Zip 34974	
Country USA		Country USA	
4. FEI Number 65-1144985		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 HOWELL, PAUL 517 SOUTHWEST PARK STREET OKEECHOBEE, FL 34974		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  DATE 4-2-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	DP HOWELL, PAUL 517 SOUTHWEST PARK STREET OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition zip change Okeechobee, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWELL, DANNY 517 SOUTHWEST PARK STREET OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition zip change Okeechobee, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOWELL, CHERYL 517 SOUTHWEST PARK STREET OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition zip change Okeechobee, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<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 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 duly empowered.			
SIGNATURE: 		Date 4-3-07	Daytime Phone # 863 824 0324