

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000097224

Entity Name: THE BEST AROUND, INC.

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

12641 PANASOFFKEE DR.
N. FT. MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

15201 N. CLEVELAND AVE., PMB 232
N. FT. MYERS, FL 33903

New Mailing Address:

FEI Number: 65-1144106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGRATH, KEVIN
15201 N. CLEVELAND AVE. PMB 232
N. FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCRATH, KEVIN
Address: 15201 N. CLEVELAND AVE 232
City-St-Zip: FORT MYERS, FL 33903

Title: VP () Delete
Name: MCGRATH, GAYLE
Address: 15201 N. CLEVELAND AVE 232
City-St-Zip: N. FORT MYERS, FL 33903

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA () Change (X) Addition
Name: MCGRATH, KEVIN O II
Address: 15201 N. CLEVELAND AVE #232
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SEC () Change (X) Addition
Name: MCGRATH, MICHAEL B
Address: 15201 N. CLEVELAND AVE #232
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAYLE MCGRATH

VP

03/17/2009

Electronic Signature of Signing Officer or Director

Date