


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90026 032 \*\*\*150.00

<b>DOCUMENT # P01000119142</b>	
1. Entity Name <b>BEST ELECTRICAL CONTRACTORS, INC.</b>	

Principal Place of Business <b>317 LAKE SUPRISE BLVD KEY LARGO FL 33037</b>	Mailing Address <b>317 LAKE SUPRISE BLVD KEY LARGO FL 33037</b>
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2. Principal Place of Business <b>PO Box 2613</b>	3. Mailing Address <b>PO Box 2613</b>
Suite, Apt. #, etc. <b>Key Largo, FL</b>	Suite, Apt. #, etc. <b>Key Largo, FL</b>
City & State <b>Key Largo, FL</b>	City & State <b>Key Largo, FL</b>
Zip <b>33037</b>	Zip <b>33037</b>
Country <b>Monroe</b>	Country <b>Monroe</b>



MOORE CR2E034 (11/03)

4. FEI Number <b>01-0567846</b>		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 <b>GUEST, JAMES M JAMES M GUEST CPA 15600 SW 288 ST STE 201 HOMESTEAD FL 33033</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ADSITT, RONALD 317 LAKE SUPRISE BLVD KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 90% stock PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ronald Adsitt PO Box 2613 Key Largo, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODSON, NICOLA 317 LAKE SUPRISE BLVD. KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President 10% stock V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nicola goodson PO Box 2613 Key Largo, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALWARDT, FRANK 317 LAKE SUPRISE BLVD. KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary 10% stock S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Frank Alwardt PO Box 2613 Key Largo, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEAR, WILLIAM 317 LAKE SUPRISE BLVD. KEY LARGO FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: Ronald Adsitt **Ronald Adsitt PTD 3-14-04 305-522-7777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #