2004 FOR PROFIT CORPORATION

FILED :00 AM State

ANNUAL REPORT					Feb 19, 2004 08:00 A			
DOCUMENT # P02000039881 1. Entity Name BEST CHOICE NUTS, CANDY & SPECIALTIES INC.					Se	ecretary	of State	
Principal Plac 549 W GRAN STE 14 ORLANDO, F	T 2 TI	Mailing Address 549 W GRANT ST STE 14 ORLANDO, FL 32805	#11###################################					
E	OO NOT WRITE I	N THIS SPA	CE	02122004 4. FEI Numbo 37-142	No Chg-P	CR2E034 (10	/03) Applied For Not Applicable	
	6. Name and Address of Current Reg	datana Agant	1911	5. Certificate	of Status Desired		5 Additional aquired	
SKARA, E 303 BENT LAKE MAI	DWARD		o izakit. Minimali ili ili ili ili ili ili ili ili ili		NOT W THIS SF			
	named entity submits this statement for the tions of registered agent. Signature, typed or printer same of registered agent and the					orida. I am familiar	with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution				.00 May Be led to Fees	U00000 02/20/04-)058312 -80024-017	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR D DESANCTIS, SUSANNE 303 BENT WAY LN LAKE MARY, FL 32746	ECTORS	- 14.5 (A)		The state of the s	All and the second of the seco		

TITLE NAME SKARA, EDWARD J STREET ADDRESS 303 BENT WAY LN CITY-ST-ZIP LAKE MARY, FL 32746 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I horeby certify that the information supplied with this filling 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 it made under eath; 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 light empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR