2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000080056

1. Entity Name
BEST NANNY 4 U, INC.

Principal Place of Business	Mailing Address
PO BOX 718	PO BOX 718
SILVER SPRINGS, FL 34489-0718	SILVER SPRINGS, FL 34489-0718

DO NOT WRITE IN THIS SPACE

04292008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
03-0476122	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VIDAL, ALBERT J
421 S. PINE AVE
OCALA, FL 34474

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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 *Not applicable*

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000943337
05/29/08 00054 025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BYRD, DANIEL B
STREET ADDRESS	PO BOX 718
CITY-ST-ZIP	SILVER SPRINGS, FL 344890718
TITLE	D
NAME	BYRD, BRENDA J
STREET ADDRESS	PO BOX 718
CITY-ST-ZIP	SILVER SPRINGS, FL 344890718
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: *Brenda J. Byrd* (Brenda J Byrd) VP   05/29/2008

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