

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000092311

1. Entity Name

BEST PROPERTIES OF FLORIDA, INC.



Principal Place of Business

**9853 TAMiami TRAIL, STE 203
NAPLES FL 34108**

Mailing Address

**9853 TAMiami TRAIL, STE 203
NAPLES FL 34108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0422855

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

[Signature]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**SD
LEE, CYNTHIA J
140 20TH AVE. N.W.
NAPLES FL 34120** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**0000000085079
03/11/04-80033-014 158.75** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTVD
CLAYDEN, JANTINA
106 WESTWOOD DR.
NAPLES FL 34110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-04

239-513-1937

Date

Daytime Phone #