2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# P02000092311

Entity Name: BEST PROPERTIES OF FLORIDA, INC.

Current Principal Place of Business:

9853 TAMIAMI TRAIL, STE 226
NAPLES, FL 34108

New Principal Place of Business:

5051 CASTELLO DRIVE
STE 9
NAPLES, FL 34103

Current Mailing Address:

9853 TAMIAMI TRAIL, STE 226
NAPLES, FL 34108

New Mailing Address:

5051 CASTELLO DRIVE
STE 9
NAPLES, FL 34103

FEI Number: 51-0422855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KEMP, LYNNE K OWNER
5051 CASTELLO DRIVE
STE 9
NAPLES, FL 34103 US

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: LYNNE K. KEMP, P.A. 02/25/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete
Name: LEE, CYNTHIA J
Address: 140 20TH AVE. N.W.
City-St-Zip: NAPLES, FL 34120

Title: VPD ( ) Delete
Name: LEE, CYNTHIA J
Address: 140 20TH AVE. N.W.
City-St-Zip: NAPLES, FL 34120

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: OWNE ( ) Change (X) Addition
Name: KEMP, LYNNE K OWNER
Address: 5051 CASTELLO DRIVE, STE 9
City-St-Zip: NAPLES, FL 34103

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: LYNNE K. KRMP, P.A. OWNE 02/25/2009
Electronic Signature of Signing Officer or Director Date