

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000028836

Entity Name: CONTRACTOR'S BEST, INC.

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

1316 SAN MARCO BLVD
JACKSONVILLE, FL 32207

New Principal Place of Business:

6965 PHILLIPS HWY.
JACKSONVILLE, FL 32216

Current Mailing Address:

1316 SAN MARCO BLVD
JACKSONVILLE, FL 32207

New Mailing Address:

6965 PHILLIPS HWY.
JACKSONVILLE, FL 32216

FEI Number: 92-0193634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPINSKI, TOM
1316 SAN MARCO BLVD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

SAPINSKI, TOM
6965 PHILLIPS HWY.
JACKSONVILLE, FL 32216 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:

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: STEIGHNER, NEIL
Address: 1316 SAN MARCO BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD () Delete
Name: SAPINSKI, TOM
Address: 1316 SAN MARCO BLVD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BARBEE, W.R.
Address: 6965 PHILLIPS HWY.
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD (X) Change () Addition
Name: SAPINSKI, TOM
Address: 6965 PHILLIPS HWY.
City-St-Zip: JACKSONVILLE, FL 32216

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: THOMAS SAPINSKI

PD

01/11/2008

Electronic Signature of Signing Officer or Director

Date