


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-12-2004 90674 043 ***150.00

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DOCUMENT # P03000050963					
1. Entity Name BEST RAG COMPANY INC					
Principal Place of Business 137550 50TH WAY NO CLEARWATER, FL 33760			Mailing Address 137550 50TH WAY NO CLEARWATER, FL 33760		
2. Principal Place of Business 13770-50th WAY N.		3. Mailing Address 13770-50th WAY N.		4. FEI Number 20-0016523	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
City & State CLEARWATER		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33760	Country USA	Zip	Country	6. Name and Address of Current Registered Agent	
JOHNSON, ROBERT L 137550 50TH WAY NO CLEARWATER, FL 33760		7. Name and Address of New Registered Agent			
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete			
NAME	JOHNSON, ROBERT L				
STREET ADDRESS	137550 50TH WAY NO				
CITY-ST-ZIP	CLEARWATER, FL 33760				
TITLE	SEC	<input type="checkbox"/> Delete			
NAME	ROMAN, MARTA				
STREET ADDRESS	137550 50TH WAY NO				
CITY-ST-ZIP	CLEARWATER, FL 33760				
TITLE	TRES	<input type="checkbox"/> Delete			
NAME	JACOBSON, BEN				
STREET ADDRESS	137550 50TH WAY NO				
CITY-ST-ZIP	CLEARWATER, FL 33760				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: Robert L Johnson		Date: 4-6-04		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					