


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90025 004 \*\*\*150.00

|  |   |
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| <b>DOCUMENT # P03000156815</b>                   |  |
| 1. Entity Name<br><b>BEST BET PAINTING, INC.</b> |   |

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| Principal Place of Business<br><b>13321 CHALLENGER DR.<br/>FOUNTAIN FL 32438</b> | Mailing Address<br><b>13321 CHALLENGER DR.<br/>FOUNTAIN FL 32438</b> |
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|--|--|
| 2. Principal Place of Business<br><i>Same as above</i> | 3. Mailing Address<br><i>Same as above</i> |
| Suite, Apt. #, etc.                                    | Suite, Apt. #, etc.                        |
| City & State   | City & State                               |
| Zip  | Country                                    |



MOORE CR2E034 (11/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>11-3709939</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |   |
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| 6. Name and Address of Current Registered Agent<br><b>MULLINAX, RANDAL R<br/>13321 CHALLENGER DR.<br/>FOUNTAIN FL 32438</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
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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 <i>Randal R Mullix</i>  | DATE <b>4-16-04</b> |

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MULLINAX, RANDAL R<br>13321 CHALLENGER DR.<br>FOUNTAIN FL 32438 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>TABO TABO, GREGIORO<br>19716 DEEP SPRING RD<br>FOUNTAIN FL 32438 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BEATHY, GEORGE<br>RT 1, BOX 310<br>ALTA FL 32421 <input checked="" type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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: <i>Randal R Mullix</i>   | DATE <b>4-16-04</b> DAYTIME PHONE # <b>850 624 0687</b> |