

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000048013**

1. Entity Name

D BEST HOME REPAIR, INC.



Principal Place of Business

180 W NEW YORK AVENUE  
ORANGE CITY, FL 32763

Mailing Address

180 W NEW YORK AVENUE  
ORANGE CITY, FL 32763-2820



03172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0877282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOWELL, ESTHER  
180 W NEW YORK AVENUE  
ORANGE CITY, FL 32763-2820

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000872216  
04/10/08-80031-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SOWELL, WILLIAM  
STREET ADDRESS 180 W NEW YORK AVENUE  
CITY-ST-ZIP ORANGE CITY, FL 327632820

TITLE D  
NAME SOWELL, ESTHER  
STREET ADDRESS 180 W NEW YORK AVENUE  
CITY-ST-ZIP ORANGE CITY, FL 327632820

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Esther Sowell* Esther Sowell

3-18-08

386 479-2026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #