

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90014 010 ***163.75

DOCUMENT #P04000082826

1. Entity Name
BEST OF FLORIDA INSURANCE CORP.



Principal Place of Business
**10546 S FEDERAL HWY
PORT ST LUCIE, FL 34952**

Mailing Address
**10546 S FEDERAL HWY
PORT ST LUCIE, FL 34952**

60022717



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number
54-2183426

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SERRA, WENDY F
2453 COOLIDGE RD
FT PIERCE, FL 34945**

**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

Wendy F. Serra
Wendy F. Serra

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

(NOTE: Registered Agent signature required when reinstating)

4/1/08
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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SERRA, WENDY F
STREET ADDRESS	2453 COOLIDGE RD
CITY-ST-ZIP	FT PIERCE, FL 34945
TITLE	ST
NAME	SERRA, PETER E
STREET ADDRESS	2453 COOLIDGE RD
CITY-ST-ZIP	FT PIERCE, FL 34945
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy F. Serra
Wendy F. Serra

Date

4/1/08 (772) 335

Daytime Phone #

4300