2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State
04-12-2005 90145 041 ***150.00

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03052005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000099984

1. Entity Name
BEST I.C.E., INC.

Principal Place of Business	Mailing Address
125 NE FIRST AVE SUITE 1 OCALA, FL 34470	125 NE FIRST AVE SUITE 1 OCALA, FL 34470

2. Principal Place of Business	3. Mailing Address
24795 NE 147th Pl.	24795 NE 147th Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SALT SPRINGS	City & State: SALT SPRINGS
Zip: 32134 Country: U.S.A	Zip: 32134 Country: U.S.A

4. FEI Number: 20-1328164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAINES, TIM D 125 NE FIRST AVE SUITE 1 OCALA, FL 34470	Name: CHRIS MEFFERT Street Address (P.O. Box Number is Not Acceptable): 24795 NE 147th Pl. City: SALT SPRINGS FL Zip Code: 32134

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: CHRIS MEFFERT, V-PRES. 4/5/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAINES, TIM D 125 NE FIRST AVE SUITE 1 OCALA, FL 34470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOYCE MEFFERT PRESIDENT AND DIRECTOR 24795 NE 147th Pl. SALT SPRINGS, FL. 32134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT AND DIRECTOR CHRIS MEFFERT 24795 NE 147th Pl. SALT SPRINGS, FL. 32134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/TREAS. AND DIRECTOR JAMES B. RAY 3664 NE 67th TERR.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SHAN BIRDSALL 21530 NE 151st Pl. SALT SPRINGS, FL. 32134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GRAYSON HARROP BOX 5391 SALT SPRINGS, FL. 32134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: JOYCE MEFFERT 4/5/2005 352-685-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #