

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90191 047 \*\*\*150.00

**DOCUMENT # P04000099984**

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



40001504

Principal Place of Business  
24795 NE 147TH PL  
SALT SPRINGS, FL 32134

Mailing Address  
24795 NE 147TH PL  
SALT SPRINGS, FL 32134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006 Chg-P CR2E034 (11/05)

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

MEFFERT, CHRIS  
24795 NE 147TH PL  
SALT SPRINGS, FL 32134

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

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, 2006 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 PD ☐ Delete  
NAME MEFFERT, JOYCE  
STREET ADDRESS 24795 NE 147TH PLACE  
CITY-ST-ZIP SALT SPRINGS, FL 32134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME MEFFERT, CHRIS  
STREET ADDRESS 24795 NE 147TH PLACE  
CITY-ST-ZIP SALT SPRINGS, FL 32134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME RAY, JAMES  
STREET ADDRESS 3664 NE 67TH TERRACE  
CITY-ST-ZIP SALT SPRINGS, FL 32134

TITLE STD ☐ Change ☐ Addition  
NAME RAY, JAMES  
STREET ADDRESS 3664 NE 67TH TERRACE  
CITY-ST-ZIP SILVER SPRINGS, FL 34488

TITLE D ☐ Delete  
NAME BIRDSALL, SHAN  
STREET ADDRESS 21530 NE 151ST PLACE  
CITY-ST-ZIP SALT SPRINGS, FL 32134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HARROP, GRAYSON  
STREET ADDRESS BOX 5391  
CITY-ST-ZIP SALT SPRINGS, FL 32134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*CHRIS MEFFERT*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2006

352-685-3333

Date

Daytime Phone #