

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90040 021 ***150.00

DOCUMENT # P04000147268

1. Entity Name
BEST OF FLORIDA REALTY, INC.



Principal Place of Business
920 W INDIANTOWN RD - # 105
JUPITER, FL 33458

Mailing Address
920 W INDIANTOWN RD - # 105
JUPITER, FL 33458

20006156



2. Principal Place of Business - No P.O. Box #

745 No. US HWY ONE

Suite, Apt. #, etc.

SUITE 105

City & State
NORTH PALM BEACH, FL

Zip

33408

Country

PALM BEACH

3. Mailing Address

745 US HWY ONE

Suite, Apt. #, etc.

SUITE 105

City & State
NORTH PALM BEACH, FL

Zip

33408

Country

PALM BEACH

02272007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-1764357

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEELING, NORMAN
920 W INDIANTOWN RD - # 105
JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

745 No. US. HWY ONE

SUITE 105

City

NORTH PALM BEACH, FL

Zip Code

33408

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, 2007 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PSTD	KEELING, NORMAN	920 W INDIANTOWN RD - # 105	JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
VP	KEELING, NORMAN	920 W INDIANTOWN RD - # 105	JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: Norman Keeling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07
Date

Daytime Phone #