

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P04000152916

1. Entity Name  
AMERICA'S BEST CHICKEN & SIDES CORP.



**FILED**

**Apr 25, 2007 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/06)

Principal Place of Business 4459 HOLDEN ROAD LAKELAND FL 33811 US		Mailing Address 4459 HOLDEN ROAD LAKELAND FL 33811 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  PUTNAM, ABEL A 500 S. FLORIDA AVENUE SUITE 300 LAKELAND FL 33801		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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-SI-ZIP	DPS BLANTON, CHARLES C 4459 HOLDEN ROAD LAKELAND FL 33811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000731262 05/08/07-80115-011 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-SI-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	<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 Section 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:

*Charles C. Blanton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4123107 863-701-8447  
Daytime Phone #