2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006
Secretary of State

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Entity Name: FLORIDA BEST SERVICES, INC.

Current Principal Place of Business:

3223 NATURE CIRCLE #106
SARASOTA, FL 34235

New Principal Place of Business:

1825 LINHART AVENUE
D1-6
FORT MYERS, FL 33901

Current Mailing Address:

3223 NATURE CIRCLE #106
SARASOTA, FL 34235

New Mailing Address:

1825 LINHART AVENUE
D-16
FORT MYERS, FL 33901

FEI Number: 20-3847690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEOLIVEIRA, ROSINEY C
Address: 1825 LINHART AVENUE D1-6
City-St-Zip: FORT MYERS, FL 33901

Title: V ( ) Delete
Name: FLOREANO, HELIO F
Address: 1825 LINHART AVENUE D1-6
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete
Name: DE OLIVEIRA, RALISSON C
Address: 1825 LINHART AVENUE D1-6
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DE JESUS, ADEMILSON C
Address: 1825 LINHART AVENUE D1-6
City-St-Zip: FORT MYERS, FL 33901

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSINEY C DEOLIVEIRA P 03/09/2006

Electronic Signature of Signing Officer or Director Date