

2008 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90021 046 ***150.00

DOCUMENT # P05000159892

1. Entity Name

KATHRYN S BEST, P.A.



Principal Place of Business

1149 WYNDHAM LAKES DR.
ODESSA, FL 33556

Mailing Address

1149 WYNDHAM LAKES DR.
ODESSA, FL 33556



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

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-3895226

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

~~WATKINS, CARL T~~
~~5103 MEMORIAL HWY~~
~~TAMPA FL 33634~~

Fred Daus, CEO
Fredrick James
600 Bypass Dr. Ste 112
Clearwater, FL 33764

Name

Fred Daus, CEO Fredrick James

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

600 Bypass Dr Ste 112

City

Clearwater, FL

FL

Zip Code

33764

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

Kathryn S. Best

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

1/28/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 - ST - ZIP
☐ Delete

P,S
BEST, KATHRYN S
1149 WYNDHAM LAKES DR
ODESSA FL 33556

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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VP,T
BEST, JAMES D
1149 WYNDHAM LAKES DR
ODESSA FL 33556

TITLE
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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:

Kathryn S. Best, PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

Date

(813) 926-9420

Business Phone #