

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161273

Entity Name: BEST FAB, INC.

FILED  
Apr 04, 2006  
Secretary of State

## Current Principal Place of Business:

204 BARTOW MUNICIPAL AIRPORT  
BARTOW, FL 33830

## New Principal Place of Business:

## Current Mailing Address:

204 BARTOW MUNICIPAL AIRPORT  
BARTOW, FL 33830

## New Mailing Address:

FEI Number: 20-3942166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUYS, MICHOLOS  
204 BARTOW MUNICIPAL AIRPORT  
BARTOW, FL 33830 US

## Name and Address of New Registered Agent:

RUYS, NICHOLAS G  
204 BARTOW MUNICIPAL AIRPORT  
BARTOW, FL 33830 US

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: NICHOLAS G RUYS

04/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RUYS, NICHOLAS  
Address: 204 BARTOW MUNICIPAL AIRPORT  
City-St-Zip: BARTOW, FL 33830

Title: S ( ) Delete  
Name: RUYS, JOAN  
Address: 204 BARTOW MUNICIPAL AIRPORT  
City-St-Zip: BARTOW, FL 33830

Title: V ( ) Delete  
Name: REEVES, CHRISTOPHER  
Address: 204 BARTOW MUNICIPAL AIRPORT  
City-St-Zip: BARTOW, FL 33830

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: RUYS, NICHOLAS G  
Address: 204 BARTOW MUNICIPAL AIRPORT  
City-St-Zip: BARTOW, FL 33830

Title: SECY (X) Change ( ) Addition  
Name: RUYS, JOAN P  
Address: 204 BARTOW MUNICIPAL AIRPORT  
City-St-Zip: BARTOW, FL 33830

Title: VP (X) Change ( ) Addition  
Name: REEVES, CHRISTOPHER J  
Address: 204 BARTOW MUNICIPAL AIRPORT  
City-St-Zip: BARTOW, FL 33830

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: NICHOLAS G RUYS

PRES

04/04/2006

Electronic Signature of Signing Officer or Director

Date