

JUL 10 2006 12:30PM

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/1

FILED
Aug 07, 2006 8:00 am
Secretary of State

07-12-2006 90007 004 ***150.00

DOCUMENT # P05000163729			
1. Entity Name BEST CURBS, INC.			
Principal Place of Business 1707 ELM ST., SUITE D ROCKLEDGE, FL 32955		Mailing Address 1707 ELM ST., SUITE D ROCKLEDGE, FL 32955	
2. Principal Place of Business 1707		3. Mailing Address 1707	
Suite, Apt. #, etc. D		Suite, Apt. #, etc. D	
City & State Rockledge FL		City & State Rockledge FL	
Zip 32955		Zip 32955	
Country BRUNDA		Country BRUNDA	
4. FEI Number 20-8183929		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent ANGELILLO, JOHN 1707 ELM ST., SUITE D ROCKLEDGE, FL 32955		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when address is changed) Signature typed or printed name of registered agent and if not applicable, (NOTE: Registered Agent signature required when address is changed) DATE _____			
FILE NOW!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if 11)	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ANGELILLO, JOHN 1707 ELM ST., SUITE D ROCKLEDGE, FL 32955 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRES. BRYAN BREWER 1707 ELM ST Rockledge FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V.P. SHANE ANGELILLO 1707 ELM ST Rockledge FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TRISUREY Michael DAVIES 1707 ELM ST Rockledge FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY Kenneth FULTON 1707 ELM ST Rockledge ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statute. 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: <u>John Angelillo</u> <u>7/10/06</u> SIGNATURE AND OFFICE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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