

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05750**

1. Entity Name  
R.L. BEST INTERNATIONAL, INC.



Principal Place of Business  
1775 EAST LAKE MARY BLVD  
SANFORD, FL 32773 US

Mailing Address  
1775 E. LAKE MARY BLVD.  
SANFORD, FL 32773 US

**DO NOT WRITE IN THIS SPACE**



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
34-1464887

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BEST, TED A.  
1775 EAST LAKE MARY BLVD  
SANFORD, FL 32773

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KAVANAUGH, WILLIAM 9931 CALLAWOODS DR. CANFIELD, OH 44406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BEST, TED A. 1775 E. LAKE MARY BLVD. SANFORD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BEST, MARK R. 9896 DELTONA DRIVE NEW MIDDLETOWN, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BEST, RICHARD L 824 BEV ROAD YOUNGSTOWN, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000156115  
05/05/04-80063-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

407-321-1285

Daytime Phone #