


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P05750 1. Entity Name R.L. BEST INTERNATIONAL, INC.	
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Principal Place of Business 1775 EAST LAKE MARY BLVD SANFORD, FL 32773 US	Mailing Address 1775 E. LAKE MARY BLVD. SANFORD, FL 32773 US
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01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1464887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEST, TED A. 1775 EAST LAKE MARY BLVD SANFORD, FL 32773
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 44408
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	

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02/03/05-80037-011 150.00

**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

Date 1-31-05 Daytime Phone # _____