

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JUL 22 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03022008 No Chg-P CR2E034 (11/05)

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	KAVANAUGH, WILLIAM
STREET ADDRESS	9931 CALLAWOODS DR.
CITY-ST-ZIP	CANFIELD, OH 44406
TITLE	V
NAME	BEST, TED A.
STREET ADDRESS	1775 E. LAKE MARY BLVD.
CITY-ST-ZIP	SANFORD, FL
TITLE	VSD
NAME	BEST, MARK R.
STREET ADDRESS	8000 W MIDDLETOWN ROAD
CITY-ST-ZIP	SALEM, OH 44460
TITLE	PTD
NAME	BEST, RICHARD L
STREET ADDRESS	824 BEV ROAD
CITY-ST-ZIP	YOUNGSTOWN, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

03/25/08 90007 033 \$150.00
98

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

7/14/08 407-321-1285