


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90096 040 \*\*\*150.00

DOCUMENT # P06000007100					
1. Entity Name BESTOKES, INC.					
Principal Place of Business 2570 GRAND AVENUE GLENWOOD FL 32722			Mailing Address 2570 GRAND AVENUE GLENWOOD FL 32722		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		FEI Number 20-4222421	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIP, STOKES 2570 GRAND AVENUE GLENWOOD FL 32722			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 re-appointing)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	STOKES, PHILLIP	TITLE		
NAME			NAME		
STREET ADDRESS		2570 GRAND AVENUE	STREET ADDRESS		
CITY ST ZIP		GLENWOOD FL 32722	CITY ST ZIP		
TITLE	VP	BEST, GARY G	TITLE		
NAME			NAME		
STREET ADDRESS		5280 MYAKKA ROAD	STREET ADDRESS		
CITY ST ZIP		DELEON SPRINGS FL 32130	CITY ST ZIP		
TITLE	T	STOKES, PHILLIP	TITLE		
NAME			NAME		
STREET ADDRESS		2570 GRAND AVENUE	STREET ADDRESS		
CITY ST ZIP		GLENWOOD FL 32722	CITY ST ZIP		
TITLE	S	BEST, GARY G	TITLE		
NAME			NAME		
STREET ADDRESS		5280 MYAKKA ROAD	STREET ADDRESS		
CITY ST ZIP		DELEON SPRINGS FL 32130	CITY ST ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Phillip Stokes</i>		Phillip Stokes		3/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Original Phone #	
President					