


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-02-2008 90034 022 ***150.00

DOCUMENT # P0600007100			
1. Entity Name BESTOKES, INC.			
Principal Place of Business 2570 GRAND AVENUE GLENWOOD FL 32722 <i>Home address</i>		Mailing Address 2570 GRAND AVENUE → P.O. Box GLENWOOD FL 32722 <i>Mailing address</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-6222421		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PHILLIP, STOKES 2570 GRAND AVENUE GLENWOOD FL 32722 <i>P.O. Box 220142</i>		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		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input type="checkbox"/> Delete NAME: STOKES, PHILLIP STREET ADDRESS: 2570 GRAND AVENUE CITY-ST-ZIP: GLENWOOD FL 32722 <i>Home</i>	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: P.O. Box 220142 CITY-ST-ZIP: GLENWOOD, FL 32722		
TITLE: VP <input type="checkbox"/> Delete NAME: BEST, GARY G STREET ADDRESS: 5260 MYAKKA ROAD CITY-ST-ZIP: DELEON SPRINGS FL 32130	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: T <input type="checkbox"/> Delete NAME: STOKES, PHILLIP STREET ADDRESS: 2570 GRAND AVENUE CITY-ST-ZIP: GLENWOOD FL 32722 <i>Home</i>	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: S <input type="checkbox"/> Delete NAME: BEST, GARY G STREET ADDRESS: 5260 MYAKKA ROAD CITY-ST-ZIP: DELEON SPRINGS FL 32130	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
12. I hereby certify that the information submitted 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 links empowered.			
SIGNATURE: <i>Phillip Stokes</i>		3/18/08 386-801-2415	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			