

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078707

FILED
Jul 18, 2007
Secretary of State

Entity Name: FLORIDA BEST PROFESSIONAL CLEANING & HANDYMAN SERVICE, INC.

Current Principal Place of Business:

4009 LAKE BLUFF DRIVE
MASCOTTE, FL 34753

New Principal Place of Business:

4009 LAKE BLUFF DRIVE
MASCOTTE, FL 34753 US

Current Mailing Address:

4327 SOUTH HIGHWAY 27, SUITE 404
CLERMONT, FL 34711

New Mailing Address:

4009 LAKE BLUFF DRIVE
MASCOTTE, FL 34753 US

FEI Number: 20-5116141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAYNES, DAVID ESQ.
4327 SOUTH HIGHWAY 27, SUITE 404
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

BENITEZ, BRENDA
4009 LAKE BLUFF DRIVE
MASCOTTE, FL 34753 US

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.

SIGNATURE: BRENDA BENITEZ

07/18/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENITEZ, BRENDA
Address: 4009 LAKE BLUFF DRIVE
City-St-Zip: MASCOTTE, FL 34753

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENITEZ, BRENDA
Address: 4009 LAKE BLUFF DRIVE
City-St-Zip: MASCOTTE, FL 34753 US

Title: VP () Change (X) Addition
Name: BENITEZ, CHRIS
Address: 4009 LAKE BLUFF DRIVE
City-St-Zip: MASCOTTE, FL 34753 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA BENITEZ

PD

07/18/2007

Electronic Signature of Signing Officer or Director

Date