

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2007 8:00 am**  
**Secretary of State**

08-13-2007 90021 047 \*\*\*150.00

<b>DOCUMENT # P06000107452</b>					
<b>1. Entity Name</b> AMERICA'S BEST PROPERTY SERVICES, INC.					
<b>Principal Place of Business</b> 9501-1 LOEST RD. JACKSONVILLE, FL 32234			<b>Mailing Address</b> 9501-1 LOEST RD. JACKSONVILLE, FL 32234		
<b>2. Principal Place of Business - No P.O. Box #</b> 950 CAHOON ROAD S		<b>3. Mailing Address</b> 950 CAHOON ROAD S			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> JACKSONVILLE FL		<b>City &amp; State</b> JACKSONVILLE FL		<b>4. FEI Number</b> 20-5391721	
Zip 32221		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SWINDLE, JONATHAN E 9501-1 LOEST RD. JACKSONVILLE, FL 32234			<b>7. Name and Address of New Registered Agent</b> Name: SWINDLE, JONATHAN E Street Address (P.O. Box Number is Not Acceptable): 950 CAHOON ROAD S City: JACKSONVILLE FL Zip Code: 32221		
<b>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.</b>  SIGNATURE:  PRESIDENT JONATHAN E. SWINDLE 08-09-07 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> SWINDLE, JONATHAN E <b>STREET ADDRESS</b> 9501-1 LOEST RD. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32234	<input type="checkbox"/> Delete		<b>TITLE</b> P/D <b>NAME</b> SWINDLE, JONATHAN E <b>STREET ADDRESS</b> 950 CAHOON ROAD S <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> SWINDLE, ANGELA C <b>STREET ADDRESS</b> 9501-1 LOEST RD. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32234	<input type="checkbox"/> Delete		<b>TITLE</b> STD <b>NAME</b> SWINDLE, ANGELA C <b>STREET ADDRESS</b> 950 CAHOON ROAD S <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> 			JONATHAN E SWINDLE 08-09-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

904-379-0790