
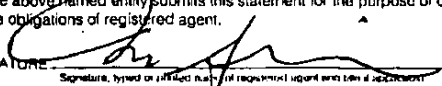
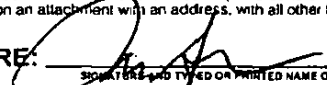


FILED
Sep 10, 2007 8:00 am
Secretary of State

87.

08-29-2007 90005 001 *1,650.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000137555			
1. Entity Name CONTRACTOR'S BEST HOLDINGS, INC.			
Principal Place of Business 1316 SAN MARCO BLVD. JACKSONVILLE, FL 32207		Mailing Address 1316 SAN MARCO BLVD. JACKSONVILLE, FL 32207	
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
6. Name and Address of Current Registered Agent SAPINSKI, THOMAS 1316 SAN MARCO BLVD. JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent 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  Thomas Sapinski 7/23/07 Signature, typed on official duty (if requirement upheld and then if applicable) (NOTE: Registered Agent signature required when certifying) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
D MAIN, JAMES L 7968 QUAILWOOD DRIVE JACKSONVILLE, FL 32258			
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
		President Thomas Sapinski 1316 San Marco Blvd. Jacksonville, FL 32207	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
		CFO-Trea William Ray Barbee 1316 San Marco Blvd. Jacksonville, FL 32207	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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:  Thomas Sapinski 7/23/07 (904) 389-5623 Signature and typed or printed name of signing officer or director Date			

66021852



07232007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5839081** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required