FILED
May 25, 2007 8:00 am
Secretary of State
05-02-2007 90082 017 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/2

DOCUMENT # P06000153719

1. Entity Name
BEST INVESTIGATIONS, INC.

04302007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6118 CHRISTINA DRIVE E. LAKELAND, FL 33813	6118 CHRISTINA DRIVE E. LAKELAND, FL 33813

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 20-8073332 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOFF, JR, JAMES W
6118 CHRISTINA DRIVE E.
LAKELAND, FL 33813

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P GOFF, JR, JAMES W 6118 CHRISTINA DRIVE E. LAKELAND, FL 33813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] James W. Goff, Jr. 4-30-07 863-661-9181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
06016784
#P 06000153719

BEST INVESTIGATIONS

6118 Christina Dr. E.
Lakeland, Florida 33813
Phone: (863) 644-5533
Fax: (863) 619-7788
Cell: (863) 661-9181
May 22, 2007

To whom it may concern,

Here is the corrected form. I forgot a 3 in the FEIN number 20-8073332.

Maybe I don't understand how all this works, but with my telephone number on the bottom of the form, a phone call could have saved us all from having to mail this and mail it back.

Thanks,

Jim Goff
President