

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

11 JUN -8 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 907000078921

1. Entity Name

Best Links, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

1420 Ocean Way

Suite, Apt. #, etc.

8C

City & State

Jupiter FL

Zip

33477

Country

USA

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

260538650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034B (1/11)

7. Name and Address of Current Registered Agent

Name

Nancy Goodman

Street Address (P.O. Box Number is Not Acceptable)

#

1420 Ocean Way #8C

City

Jupiter

FL

Zip Code

33477

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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

Nancy Goodman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

6/1/11

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

E-mail Address:

nancygoodman79@earthlink.net

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME

Pres.
Nancy S. Goodman
1420 Ocean Way #8C
Jupiter, FL 33477

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

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400207320834
05/06/11--01037--009 ***150.00

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5/6/8

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE:

Nancy S. Goodman Nancy Goodman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/11 561-972-7181

DATE

Daytime Phone #