2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# P07000089729

Entity Name: FLORIDA'S BEST INVESTMENT, INC.

Current Principal Place of Business:

205 E. ARBOUR AVE.
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

205 E. ARBOR AVE.
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

205 E. ARBOUR AVE.
PORT SAINT LUCIE, FL 34952

New Mailing Address:

205 E. ARBOR AVE.
PORT SAINT LUCIE, FL 34952

FEI Number: 26-0639029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

USA-RA, LLC
873 W. BAY DR.
SUITE 105
LARGO, FL 33770 US

Name and Address of New Registered Agent:

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: _____

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: P ( ) Delete
Name: PIERCE, JOHN E
Address: 205 E. ARBOUR AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP S ( ) Delete
Name: BURKHEAD, ROCKY L
Address: 205 E. ARBOUR AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T ( ) Delete
Name: BURKHEAD, ROCKY L
Address: 205 E. ARBOUR AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PIERCE, JOHN E
Address: 205 E. ARBOR AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP S (X) Change ( ) Addition
Name: BURKHEAD, ROCKY L
Address: 205 E. ARBOR AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T (X) Change ( ) Addition
Name: BURKHEAD, ROCKY L
Address: 205 E. ARBOR AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: JOHN E. PIERCE MR. 09/02/2008

Electronic Signature of Signing Officer or Director Date