

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000016427

Entity Name: BEST INSURANCE, INC.

FILED
Feb 26, 2011
Secretary of State

Current Principal Place of Business:

4392 PALM BEACH BLVD
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

PO BOX 50974
FT MYERS, FL 33994

New Mailing Address:

FEI Number: 26-4312853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TUCEK, CECILIA
4392 PALM BEACH BLVD
FORT MYERS, FL 33905 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

OFFICERS AND DIRECTORS:

Title: PST
Name: TUCEK, CECILIA
Address: 4392 PALM BEACH BLVD
City-St-Zip: FORT MYERS, FL 33905

I hereby 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 all other like empowered.

SIGNATURE: CECILIA TUCEK

PRES

02/26/2011

Electronic Signature of Signing Officer or Director

Date