


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000086285  
 1. Entity Name  
 SECOND BEST, INC.



Principal Place of Business      Mailing Address  
 815 PEACOCK PLAZA                      815 PEACOCK PLAZA  
 KEY WEST, FL 33040                      KEY WEST, FL 33040

**DO NOT WRITE IN THIS SPACE**



02012005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0480411      Not Applicable

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

6. Name and Address of Current Registered Agent  
 OROPEZA, SCOTT G  
 815 PEACOCK PLAZA  
 KEY WEST, FL 33040

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

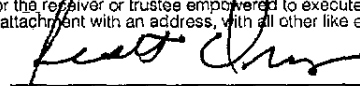
UN0000218547  
 02/07/05-80063-011 150.00

10. OFFICERS AND DIRECTORS

|                |                    |
|----------------|--------------------|
| TITLE          | PS                 |
| NAME           | KOENIG, TIMOTHY J  |
| STREET ADDRESS | 8 BAMBOO TERRACE   |
| CITY-ST-ZIP    | KEY WEST, FL 33040 |
| TITLE          | VPT                |
| NAME           | SCOTT OROPEZA      |
| STREET ADDRESS | 815 PEACOCK PL     |
| CITY-ST-ZIP    | KEY WEST, FL 33040 |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-05  
 Date      Daytime Phone #