

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90011 013 ***150.00

DOCUMENT # P94000048961					
1. Entity Name BEST CHOICE REALTY, INC.					
Principal Place of Business 5170 S FERDON BLVD CRESTVIEW, FL 32536 US			Mailing Address 5170 S FERDON BLVD CRESTVIEW, FL 32536 US		
2. Principal Place of Business		3. Mailing Address 5093 OKALOOSA Ln			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Crestview FL		4. FEI Number 59-3259270	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32539		OKALOOSA		01142004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent KELLEY, PAUL T 2202 N PEARL ST CRESTVIEW, FL 32536			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			5093 OKALOOSA Ln		
			City Crestview FL Zip Code 32539		
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 <u>Paul T. Kelley</u> DATE <u>1/14/04</u>					
<small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	PVTs KELLEY, PAUL T 2202 N PEARL ST CRESTVIEW, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5093 OKALOOSA Ln CRESTVIEW FL 32539	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Paul T. Kelley</u>			Date <u>1/14/04</u> Daytime Phone # <u>850682 5761</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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