

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000062503 <small>1. Entity Name</small> THE BEST BUYER BROKER, INC.					
<small>Principal Place of Business</small> 1613 ORANGE AVENUE TAVARES FL 32778-2111		<small>Mailing Address</small> 1613 ORANGE AVENUE TAVARES FL 32778-2111			
<small>2. Principal Place of Business</small>		<small>3. Mailing Address</small>			
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>			
<small>City & State</small>		<small>City & State</small>			
<small>Zip</small>		<small>Country</small>		<small>4. FEI Number</small> 59-3354472	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>		<small>Applied For</small> Not Applicable			
<small>6. Name and Address of Current Registered Agent</small>		<small>7. Name and Address of New Registered Agent</small>			
THOMAS E RUSS 1613 ORANGE AVENUE TAVARES FL 32778-2111		<small>Name</small> _____ <small>Street Address (P.O. Box Number is Not Acceptable)</small> _____ _____ <small>City</small> FL <small>Zip Code</small> _____			
<small>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.</small>					
<small>SIGNATURE</small> _____ <small>(NOTE, Registered Agent signature required when reinstating)</small> <small>DATE</small> _____					
FILE NOW!!! FEE IS \$150.00 #8839 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			<small>9. Election Campaign Financing</small> <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>		
<small>10. OFFICERS AND DIRECTORS</small>			<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	DP RUSS, DOLORES A 1613 ORANGE AVE TAVARES FL 32778	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	DS RUSS, THOMAS E 1613 ORANGE AVE TAVARES FL 32778	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	U00000087589 03/15/04-80015-014 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	_____ _____ _____ _____	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	_____ _____ _____ _____	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	_____ _____ _____ _____	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	_____ _____ _____ _____	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<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: *Thomas E. Russ* **THOMAS E. RUSSELL** **3-9-04** **952-343-6650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #