2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# P96000100299

Entity Name: BESTCON, INC.

Current Principal Place of Business:

4400 MARSH LANDING BLVD
6
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

800 PARADISE LANE
ATLANTIC BEACH, FL 32233 US

Current Mailing Address:

4400 MARSH LANDING BLVD
6
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

800 PARADISE LANE
ATLANTIC BEACH, FL 32233 US

FEI Number: 59-3413621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLS, PAUL W
4400 MARSH LANDING BLVD.
6
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

NICHOLS, PAUL W
800 PARADISE LANE
ATLANTIC BEACH, FL 32233 US

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: _____ 01/11/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WALTON, WILLIAM H JR.
Address: 4000B ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: NICHOLS, PAUL W
Address: 4000B ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: WALTON, ALONZO D.S.
Address: 4000B ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: WALTON, ELIZABETH S
Address: 3811 MCGIRTS BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL NICHOLS PRES 01/11/2007
Electronic Signature of Signing Officer or Director — Date