

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000100299

Entity Name: BESTCON, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4000-B ST. JOHNS AVENUE, SUITE 22  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

4000-B ST. JOHNS AVENUE, SUITE 22  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

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  
4000B ST. JOHNS AVENUE, SUITE 22  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

WALTON, ALONZO D GP  
4000B ST. JOHNS AVENUE, SUITE 22  
JACKSONVILLE, FL 32205 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: ALONZO WALTON

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: NICHOLS, PAUL W  
Address: 4000B ST. JOHNS AVENUE, SUITE 22  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D  
Name: WALTON, ALONZO D.S.  
Address: 4000B ST. JOHNS AVENUE, SUITE 22  
City-St-Zip: JACKSONVILLE, FL 32205

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: ALONZO WALTON

D

04/29/2011

Electronic Signature of Signing Officer or Director

Date