

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 07, 2004 8:00 am
Secretary of State

03-24-2004 90012 006 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P97000002826					
1. Entity Name THE BEST OF PUBLISHING, INC.					
Principal Place of Business 260 MAITLAND AVE SUITE 2000 ALTAMONTE SPRINGS FL 32701 US			Mailing Address PO BOX 952751 LAKE MARY FL 32795-2751 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3418460	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FORET, JOHN 679 HOLBROOK CIRCLE LAKE MARY FL 32746			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 JOHN FORET			Signature of Registered Agent (typed or printed name of registered agent and title if applicable)		DATE 3-22-04
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORET, JOHN		NAME		
STREET ADDRESS	679 HOLBROOK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORSET, SUSAN		NAME		
STREET ADDRESS	679 HOLBROOK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: JOHN FORET			Date 3-31-04 Daytime Phone # 407-571-2982		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		