06-15-2005 90094 021 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000032847

1. Entity Name
BEST HOME LOAN, INC.

FILED
05 JUL 22 PM 12:01
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8280 PRINCETON SQUARE BLVD WEST #10 JACKSONVILLE, FL 32256	8280 PRINCETON SQUARE BLVD WEST #10 JACKSONVILLE, FL 32256

05122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8535 BAYMEADOWS RD.	
Suite, Apt. #, etc.: SUITE 6-B	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State
Zip: 32256 Country: U.S.	Zip Country

4. FEI Number 59-3507889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAKRANCZY, ATTILA 153 SHELBY'S COVE COURT PONTE VEDRA BEACH, FL 32082	Name Street Address (P.O. Box Number is Not Acceptable) City 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P MAKRANCZY, ATTILA 153 SHELBY'S COVE COURT PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 6-10-05 904-419-6163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #