

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000032847

1. Entity Name  
BEST HOME LOAN, INC.



FILED

10 OCT 22 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~0770 BAYMEADOWS RD, STE 129~~  
~~JACKSONVILLE, FL 32256~~

~~0770 BAYMEADOWS RD, STE 129~~  
~~JACKSONVILLE, FL 32256~~

153 SHELBY'S COVE CT, PONTE VEDRA BEACH FL 32082

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

153 SHELBY'S COVE CT.  
Suite, Apt. #, etc.

153 SHELBY'S COVE CT.  
Suite, Apt. #, etc.

09212010

Chg-P

CR2E034 (11/08)

City & State

City & State

PONTE VEDRA BEACH FL

PONTE VEDRA BEACH FL

Zip

Country

Zip

Country

32082 ST. JOHNS

32082 ST. JOHNS

32082 ST. JOHNS

32082 ST. JOHNS

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10-18-10

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 24, 2010**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MAKRANCZY, ATTILA  
STREET ADDRESS 153 SHELBY'S COVE COURT  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-10 904-514-9132

Date

Daytime Phone #