


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90002 043 \*\*\*550.00

<b>DOCUMENT # P98000101496</b>	
1. Entity Name <b>A-BEST CLEANING &amp; RESTORATION, INC.</b>	

Principal Place of Business <b>780 N TAMIAMI TRAIL NOKOMIS FL 34275</b>	Mailing Address <b>780 N TAMIAMI TRAIL UNIT #1 NOKOMIS FL 34275</b>
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**54069970**



MOORE CR2E034 (4/04)

2. Principal Place of Business <b>105 A COLONIA LN. EAST</b>	3. Mailing Address <b>105 A COLONIA LN. EAST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NOKOMIS, FL</b>	City & State <b>NOKOMIS, FL</b>	4. FEI Number <b>65-0882163</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34275</b>	Country	Zip <b>34275</b>	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>PREWETT, DANIEL L 5777 BENEVA RD. SOUTH SARASOTA FL 34233</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
 DUE BY September 8, 2004  
 Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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	DPT WHITTINGTON, RANDALL 780 N TAMIAMI TRAIL NOKOMIS FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WHITTINGTON, RANDALL 3736 ACORN ST. NORTH PORT, FL 34286 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WHITTINGTON, BRENDA 780 N TAMIAMI TRAIL NOKOMIS FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WHITTINGTON, BRENDA 3736 ACORN ST. NORTH PORT, FL 34286 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **RANDALL WHITTINGTON** 8-24-04 941-926-1367  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #