

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107687

FILED
Feb 08, 2005
Secretary of State

Entity Name: THE BEST ENTERPRISES INCORPORATED

Current Principal Place of Business:

150 SE 17TH ST
501
OCALA, FL 34471

New Principal Place of Business:

2107 SE 3RD AVENUE
OCALA, FL 34471

Current Mailing Address:

150 SE 17TH ST
501
OCALA, FL 34471

New Mailing Address:

2107 SE 3RD AVENUE
OCALA, FL 34471

FEI Number: 59-3553554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKINYODE, AKINSOLA M
1635 N.W. 89TH TERRACE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

AKINYODE, AKINSOLA M
P.O. BOX 830171
OCALA, FL 34483 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: _____

Electronic Signature of Registered Agent

02/08/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AKINYODE, AKINSOLA M
Address: 1635 NW 89 TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: V () Delete
Name: AKINYODE, ADENIKE M
Address: 1635 NW 89 TERRACE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AKINYODE, AKINSOLA M
Address: P.O. BOX 830171
City-St-Zip: OCALA, FL 34483

Title: V (X) Change () Addition
Name: AKINYODE, ADENIKE M
Address: P.O. BOX 830171
City-St-Zip: OCALA, FL 34483

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: AKINSOLA AKINYODE

Electronic Signature of Signing Officer or Director

P

02/08/2005

Date