



2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

05 APR 21 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022927 1. Entity Name BEST BARGAIN CONSTRUCTION INC.					
Principal Place of Business P. O. BOX 3515 FORT PIERCE, FL 34948			Mailing Address P.O. BOX 3515 FORT PIERCE, FL 34948		
2. Principal Place of Business 1545 Live Oak Dr		3. Mailing Address P.O. BOX 1895		 04212005 Chg-P CR2E034 (10/03) <i>MRI</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft Myers FL		City & State Lehigh Acres FL			
Zip 33970	Country USA	Zip 33970	Country USA		
4. FEI Number 65-0903909				<input type="checkbox"/> 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 HOOKS, BENJAMIN F P.O. BOX 3515 FORT PIERCE, FL 34948			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1545 Live Oak Dr City Ft Myers 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD HOOKS, BENJAMIN P.O. BOX 3515 FORT PIERCE, FL 34948 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Benjamin Hooks 1545 Live Oak Dr Ft Myers, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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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: <i>Benjamin Hooks</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/21/05</i> Daytime Phone #: <i>772-519-6462</i>		