

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000022927

1. Entity Name **BEST BARGAIN CONSTRUCTION INC**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 26 PM 1:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3 LeRoy Av

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1895

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

Lehigh Acres, FL

City & State

Lehigh Acres FL

4. FEI Number

65-090-3909

Applied For

Not Applicable

Zip

33972

Country

USA

Zip

33970

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BENJAMIN Hooks

Street Address (P.O. Box Number is Not Acceptable)

3 LeRoy Av

Lehigh Acres

City

FL

Zip Code

33972

**DO NOT WRITE
IN THIS SPACE**

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

Benjamin Hooks

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/06

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BENJAMIN Hooks
PO Box 1895
Lehigh Acres FL 33970**

TITLE
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800073415328
05/01/06--01/07--019 **150.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Benjamin Hooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

Date

Daytime Phone #