

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000061531

1. Entity Name
1 A BEST, INC.



Principal Place of Business
6314 2ND AVE N
ST PETERSBURG, FL 33710

Mailing Address
6314 2ND AVE N
ST PETERSBURG, FL 33710

**FILED
Jan 18, 2005 08:00 AM
Secretary of State**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3586067	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAVENT, JOLIE
6314 2ND AVE N
SAINT PETERSBURG, FL 33710

**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

Jolie Pavent (Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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	PD PAVENT, STEVEN 6314 2ND AVE N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAVENT, JOLIE 6314 2ND AVE N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jolie Pavent (Signature typed or printed name of signing officer or director)

1/7/05 727-499-2299
Date Daytime Phone # X7-53