


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

08-26-2004 90002 043 ***550.00

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| DOCUMENT # P98000101496 1. Entity Name A-BEST CLEANING & RESTORATION, INC. |  |
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| Principal Place of Business 780 N TAMIAMI TRAIL NOKOMIS FL 34275 | Mailing Address 780 N TAMIAMI TRAIL UNIT #1 NOKOMIS FL 34275 |
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54069970



MOORE CR2E034 (4/04)

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| 2. Principal Place of Business 105 A COLONIA LN. EAST Suite, Apt. #, etc. | 3. Mailing Address 105 A COLONIA LN. EAST Suite, Apt. #, etc. |
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|------------------------------------|------------------------------------|------------------------------------|--|
| City & State NOKOMIS, FL | City & State NOKOMIS, FL | 4. FEI Number 65-0882163 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 34275 | Country | Zip 34275 | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| PREWETT, DANIEL L 5777 BENEVA RD. SOUTH SARASOTA FL 34233 | Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ 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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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 #