


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90229 012 ***150.00

DOCUMENT # P03000011689

1. Entity Name
BETTER LEATHER & AUTO TRIM CO.




Principal Place of Business
**16011 N NEBRASKA AVE.
 STE. 108
 LUTZ, FL 33549**

Mailing Address
**16514 HANNA RD STE B
 LUTZ, FL 33549**

2. Principal Place of Business
 Suite, Apt. #, etc.
City & State
Zip **Country**

3. Mailing Address
16011 N Nebraska Avenue
Suite 108
City & State
Lutz, FL
Zip **Country**
33549 **USA**



04262005 Chg-P CR2E034 (10/03)

4. FEI Number
11-3674982

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

JEFFREY A. DOWD, P.A.
550 N REO ST STE 302
TAMPA, FL 33609-1065

7. Name and Address of New Registered Agent


Name
John A Countryman

Street Address (P.O. Box Number is Not Acceptable)
16011 N Nebraska Avenue

Suite 106

City
Lutz **FL** Zip Code
33549-6158

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  **John A. Countryman** 04/25/2005

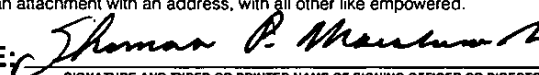
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MACALUSO, THOMAS P JR 16514 HANNA RD STE B LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16011 N Nebraska Avenue Ste 108 Lutz, FL 33549
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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

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:  **Thomas P Macaluso Jr** 04/25/05 (813) 909-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President