

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000074903

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** BETTER THAN SUPERIOR PAINTING, INC.

**Current Principal Place of Business:**

4374 WATOVA AVE  
NORTH PORT, FL 34286 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 6805  
NORTH PORT, FL 34290 US

**New Mailing Address:**

FEI Number: 26-3152406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENNER, NICHOLE L  
4374 WATOVA AVE  
NORTH PORT, FL 34286 US

**Name and Address of New Registered Agent:**

GOODAPPLE, JASON A  
4374 WATOVA AVE  
NORTH PORT, FL 34286 US

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.

SIGNATURE: JASON GOODAPPLE

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: GOODAPPLE, JASON  
Address: P.O.BOX 6805  
City-St-Zip: NORTH PORT, FL 34290 US

Title: VSD  
Name: GOODAPPLE, JASON  
Address: P.O. BOX 6805  
City-St-Zip: NORTH PORT, FL 34290 US

Title: D  
Name: GOODAPPLE, JASON  
Address: P.O. BOX 6805  
City-St-Zip: NORTH PORT, FL 34290 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JASON GOODAPPLE

PT

05/01/2011

Electronic Signature of Signing Officer or Director

Date