

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90001 011 ***155.00

DOCUMENT # 306989

1. Entity Name

BETTER BUILDERS CUSTOM HOMES, INC.



Principal Place of Business

1780 B MAIN STREET
DUNEDIN FL 34698
US

Mailing Address

1780 B MAIN STREET
DUNEDIN FL 34698
US



MOORE CR2E034 (11/03)

2. Principal Place of Business

1780 B

Suite, Apt. #, etc.
Dunedin

City & State

Fla

Zip

34698

Country

United States

3. Mailing Address

1780 B

Suite, Apt. #, etc.

B

City & State

Dunedin Fla

Zip

34698

Country

United States

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS (WENDELL L)
1780 B MAIN STREET
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

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

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, 2004 Fee will be \$550.00

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	P	<input type="checkbox"/> Delete
NAME	SIMMONS, WENDELL L	
STREET ADDRESS	400 PLOVER PL.	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIMMONS, BRUCE W	
STREET ADDRESS	1780 MAIN STREET	
CITY - ST - ZIP	DUNEDIN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMMONS, GLADYS L	
STREET ADDRESS	400 PLOVER PLACE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIMMONS, PATTY	
STREET ADDRESS	400 PLOVER PLACE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIMMONS, MARCIA J.	
STREET ADDRESS	40 TEAL PLACE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMMONS, GLADYS L	
STREET ADDRESS	400 PLOVER PLACE	
CITY - ST - ZIP	PALM HARBOR FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: WENDELL L SIMMONS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04
Date

Daytime Phone #