

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F95000003623

1. Entity Name

THE BETTER BUILT GROUP, INC.



Principal Place of Business

1217 AIRPORT RD  
419

DESTIN, FL 32541 US

Mailing Address

1217 AIRPORT RD  
419

DESTIN, FL 32541 US



03262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3324028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAYNE, ALAN  
1217 AIRPORT RD, #419  
DESTIN, FL 32541

**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

Signature of the person or persons designated as agent and their applicable role

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U00000905069

05/01/08-80036-025 150.00

10. OFFICERS AND DIRECTORS

TITLE: DP  
NAME: PHILLIPS, RUPERT E  
STREET ADDRESS: 1738 GIANT SYCAMORE LANE  
CITY-ST-ZIP: BAKER, FL 31531

TITLE: S  
NAME: PHILLIPS, SANDRA K  
STREET ADDRESS: 1738 GIANT SYCAMORE LANE  
CITY-ST-ZIP: BAKER, FL 32531

TITLE: DV  
NAME: DAWS, HAROLD C  
STREET ADDRESS: 208 NORTHCLIFF DR.  
CITY-ST-ZIP: GULF BREEZE, FL 32561

TITLE: T  
NAME: PAYNE, ALAN  
STREET ADDRESS: 1217 AIRPORT RD #419  
CITY-ST-ZIP: DESTIN, FL 32541

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUPERT E. PHILLIPS

7/26/08

850-650-5201

Daytime Phone \*