


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N48969</b> 1. Entity Name CITIZENS FOR A BETTER GOVERNMENT, INC.	
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Principal Place of Business 307 62ND AVENUE NORTH STE 1940 SAINT PETERSBURG, FL 33701 US	Mailing Address 307 62ND AVENUE NORTH ST. PETERSBURG, FL 33702
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**DO NOT WRITE IN THIS SPACE**



07102006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  MARTIN, RICHARD E 307 62ND AVENUE NORTH ST. PETERSBURG, FL 33702
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

**9. Election Campaign Financing**  **\$5.00** May Be Added to Fees  
Trust Fund Contribution

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARTIN, RICHARD E 307 62ND AVE. N. ST. PETERSBURG, FL 33702
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07/20/06-80004-004 61.25

**DO NOT WRITE  
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**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 617, 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:** Richard Martin 8-5-06

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