


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N48969
 1. Entity Name
 CITIZENS FOR A BETTER GOVERNMENT, INC.



Principal Place of Business Mailing Address
 307 62ND AVENUE NORTH 307 62ND AVENUE NORTH
 STE 1940 ST. PETERSBURG, FL 33702
 SAINT PETERSBURG, FL 33701 US

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

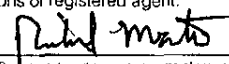
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, RICHARD E
 307 62ND AVENUE NORTH
 ST. PETERSBURG, FL 33702

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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 (NOT: Registered Agent signature required when reorganizing) DATE:

Filing Fee is \$61.25
Due by May 1, 2007

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

U00000649279
 -03/07/07-80042-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MARTIN, RICHARD E
STREET ADDRESS	307 62ND AVE. N.
CITY- ST- ZIP	ST. PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: 

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