

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064533

FILED
Jan 09, 2006
Secretary of State

Entity Name: BETTER BUILT ALUMINUM & CONSTRUCTION, INC.

Current Principal Place of Business:

133 NORTH GOLF COURSE DRIVE
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

PO BOX 648
MINNEOLA, FL 34755

New Mailing Address:

133 NORTH GOLF COURSE DRIVE
CRYSTAL RIVER, FL 34429

FEI Number: 59-3727918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIVERS, BRUCE E
133 NORTH GOLF COURSE DRIVE
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHIVERS, BRUCE E
Address: 20005 W HWY 27
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: BOZEMAN, LUTHER E
Address: 285 N.W.66TH PLACE
City-St-Zip: OCALA, FL 34475

Title: VP () Delete
Name: BYRD, ROGER D
Address: 2991 S.E.AIRPORT ROAD
City-St-Zip: ARCADIA, FL 34266

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHIVERS, BRUCE E
Address: 133 NORTH GOLF COURSE DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP (X) Change () Addition
Name: BROWN, JOHN R SR.
Address: 20005 NORTH U.S. HWY 27
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T () Change (X) Addition
Name: CRUMPTON, LISA D
Address: 540 NORTH CORBIN AVE
City-St-Zip: INVERNESS, FL 34453

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRUCE CHIVERS

PD

01/09/2006

Electronic Signature of Signing Officer or Director

_____ Date