## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P02000067243

BETTER APPAREL COLLECTION, INC.



**FILED** Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

15485 DEER PATH DR SPRING HILL, FL 34604 Mailing Address

15485 DEER PATH DR SPRING HILL, FL 34604



## DO NOT WRITE IN THIS SPACE

01142007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 04-3687017 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

ALDRIDGE, JEAN K 15485 DEER PATH DR SPRING HILL, FL 34604

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title in	Lapplicable. (NOTE: Registered /	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1; 2007 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			······································		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALDRIDGE, JEAN K 15485 DEER PATH DR SPRING HILL, FL 34604		•		
TITLE NAME STREET ADDRESS		·		•	U00000704764 04/23/07-80024-017 150.00

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. dridge

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

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

OFFICER OR DIRECTOR

4.11.07