


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000104804	
1. Entity Name A BETTER MAINTENANCE INC.	

Principal Place of Business 861 KINGS POST ROAD ROCKLEDGE, FL 32955	Mailing Address P.O. BOX 561246 ROCKLEDGE, FL 32956
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DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 27-0032555	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

**HUTCHINS, ALANE A
861 KINGS POST ROAD
ROCKLEDGE, FL 32955**

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

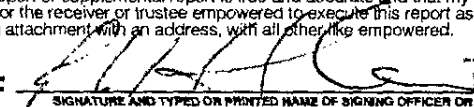
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P HUTCHINS, PHILLIP L 861 KINGS POST ROAD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY ST ZIP	VP WORKMAN, JEREMIAH 97 LUCAS AVE. MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY ST ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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04/29/04-80082-017 150.00

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Phillip Hutchins**
President 4-26-04 (321) 639-8831

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