

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90229 012 ***150.00

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| DOCUMENT # P03000011689 | | | |  | |
| 1. Entity Name BETTER LEATHER & AUTO TRIM CO. | | | | | |
| Principal Place of Business 16011 N NEBRASKA AVE. STE. 108 LUTZ, FL 33549 | | | Mailing Address 16514 HANNA RD STE B LUTZ, FL 33549 | | |
| 2. Principal Place of Business | | 3. Mailing Address 16011 N Nebraska Avenue | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 108 | | | |
| City & State | | City & State Lutz, FL | | | |
| Zip | Country | Zip | Country | | |
| 33549 | | USA | | | |
| 6. Name and Address of Current Registered Agent JEFFREY A. DOWD, P.A. 550 N REO ST STE 302 TAMPA, FL 33609-1065 | | | 7. Name and Address of New Registered Agent Name John A Countryman Street Address (P.O. Box Number is Not Acceptable) 16011 N Nebraska Avenue Suite 106 City Lutz FL Zip Code 33549-6158 | | |
| 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  John A. Countryman 04/25/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD MACALUSO, THOMAS P JR 16514 HANNA RD STE B LUTZ, FL 33549 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16011 N Nebraska Avenue Ste 108 Lutz, FL 33549 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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:  | | | Thomas P Macaluso Jr 04/25/05 (813) 909-8500 President | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |