

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90357 002 ***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 16011 N NEBRASKA AVE. STE. 108 LUTZ, FL 33549 | | |
| 2. Principal Place of Business - No P.O. Box # 1125 East 140th Avenue | | 3. Mailing Address 1125 East 140th Avenue | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Tampa, Florida | | City & State Tampa, Florida | | 4. FEI Number 11-3674982 | |
| Zip 33613 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent - COUNTRYMAN, JOHN A 16011 N NEBRASKA AVE, STE 106 LUTZ, FL 33549-6158 | | 7. Name and Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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 April 22, 2008 <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, 2008 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 16011 N NEBRASKA AVE, STE 106 LUTZ, FL 33549 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1125 East 140th Avenue Tampa, Florida 33613 | |
| 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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| 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. | | | | | |
| SIGNATURE: | | | April 22, 2008 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | (813) 975-0500 | | |