

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2006 8:00 am
Secretary of State

06-22-2006 90001 033 ***150.00

DOCUMENT # P04000044039



1. Entity Name
A BETTER CHOICE BUILDERS, INC.

Principal Place of Business: 1369 40TH AVENUE NE, ST. PETERSBURG, FL 33703
Mailing Address: 1369 40TH AVENUE NE, ST. PETERSBURG, FL 33703

2. Principal Place of Business: *8047 Stimp Ave. N.*
3. Mailing Address: *Same*

City & State: *St. Petersburg, Fla*
City & State: *St. Petersburg, Fla*
Zip: *33710* Country: *USA*



06132006 Chg-P CR2E034 (11/05)

4. FEI Number: **11-3718729**
Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FISCHER, DEBRA L
1369 40TH AVENUE NE
ST. PETERSBURG, FL 33703

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): *8047 Stimp Ave N*
St. Petersburg, Fla
City: *St. Petersburg, Fla* State: **FL** Zip Code: *33710*

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: *Debra L. Fischer* *Debra L. Fischer* *6/16/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** Delete
NAME: **FISCHER, DEBRA L**
STREET ADDRESS: **1369 40TH AVENUE NE**
CITY-ST-ZIP: **ST. PETERSBURG, FL 33703**

TITLE: _____ Change Addition
NAME: *8047 Stimp Ave N*
STREET ADDRESS: *St. Petersburg, Fla 33710*
CITY-ST-ZIP: *St. Petersburg, Fla 33710*

TITLE: **V** Delete
NAME: **FISCHER, JAMES W**
STREET ADDRESS: **1369 40TH AVENUE NE**
CITY-ST-ZIP: **ST. PETERSBURG, FL 33703**

TITLE: _____ Change Addition
NAME: *8047 Stimp Ave N*
STREET ADDRESS: *St. Petersburg, Fla 33710*
CITY-ST-ZIP: *St. Petersburg, Fla 33710*

TITLE: **S** Delete
NAME: **MALCOMB, CARSON L**
STREET ADDRESS: **1369 40TH AVENUE NE**
CITY-ST-ZIP: **ST. PETERSBURG, FL 33703**

TITLE: _____ Change Addition
NAME: *8047 Stimp Ave N*
STREET ADDRESS: *St. Petersburg, Fla 33710*
CITY-ST-ZIP: *St. Petersburg, Fla 33710*

TITLE: _____ Delete

TITLE: _____ Change Addition

TITLE: _____ Delete

TITLE: _____ Change Addition

TITLE: _____ Delete

TITLE: _____ Change Addition

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: *Debra L. Fischer* *6/16/06* *Debra L. Fischer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #