

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000044039

1. Entity Name
A BETTER CHOICE BUILDERS, INC.



Principal Place of Business
8047 STIMIE AVE
SAINT PETERSBURG, FL 33710

Mailing Address
8047 STIMIE AVE
SAINT PETERSBURG, FL 33710

FILED
Aug 21, 2008 08:00 AM
Secretary of State



08192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
8047 STIMIE AVE N
SAINT PETERSBURG, FL 33710

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000958107
08/21/08-80004-001 138 75
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

TITLE	P
NAME	FISCHER, DEBRA L
STREET ADDRESS	8047 STIMIE AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	V
NAME	FISCHER, JAMES W
STREET ADDRESS	8047 STIMIE AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	S
NAME	MALCOMB, CARSON L
STREET ADDRESS	8047 STIMIE AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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.

SIGNATURE:

Debra L. Fischer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/08 727-381-6000
Date Daytime Phone #