

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90030 012 \*\*\*150.00

**DOCUMENT # P06000022435**

1. Entity Name  
**BETTER HOME BUILDERS, INC.**



Principal Place of Business  
**800 W. CYPRESS CREEK ROAD SUITE 470  
FT. LAUDERDALE, FL 33309**

Mailing Address  
**800 W. CYPRESS CREEK ROAD SUITE 470  
FT. LAUDERDALE, FL 33309**



2. Principal Place of Business - No P.O. Box #  
**800 W. CYPRESS CREEK RD.**

3. Mailing Address  
**800 W. CYPRESS CREEK RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 465**

**SUITE 465**

City & State

City & State

**FT. LAUDERDALE, FL**

**FT. LAUDERDALE, FL**

Zip

Country

Zip

Country

**33309**

**USA**

**33309**

**USA**

01152007

Chg-P

CR2E034 (12/06)

4. FEI Number

**56-2561545**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**LEGAL, LARRY  
800 W. CYPRESS CREEK ROAD SUITE 470  
FT. LAUDERDALE, FL 33309**

## 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

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  
After May 1, 2007 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  
**DT  
LEGAL, LARRY  
800 W. CYPRESS CREEK ROAD SUITE 470  
FT. LAUDERDALE, FL 33309** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
REYNAERT, JEROME  
PO BOX 1059  
ALVA, FL 33920** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Larry Legal* **LARRY LEGAL** Dir 5-1-7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 4938900