

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2008 8:00 am
Secretary of State

06-18-2008 90001 034 ***150.00

DOCUMENT # P07000118789 1. Entity Name BEST BETT CONCRETE, INC.			
Principal Place of Business 12670 NEW BRITTANY BLVD, STE 101 FT MYERS, FL 33907		Mailing Address C/O JOHN M WICKER, ESQ. PO DRAWER 60205 FT MYERS, FL 33906	
2. Principal Place of Business - No P.O. Box # 3294 Antica St.		3. Mailing Address C/O John M Accounting Inc 2528 S. Congress Lake	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Fort Myers, FL		City & State Cape Coral, FL	
Zip 33905		Zip 33909	
Country USA		Country USA	
4. FEL Number 26-1437183		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent WICKER, JOHN M ESQ. COSTELLO & ROYSTON, LLP 12670 NEW BRITTANY BLVD, STE 101 FT MYERS, FL 33907		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 _____ DATE _____ <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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DPST BETT, DAVID 12670 NEW BRITTANY BLVD, STE 101 FT MYERS, FL 33907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST David Bett 3294 Antica Street Fort Myers, FL 33905
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 of 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 registered 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 to this address, with all other like empowered.			
SIGNATURE: 		Date 6/13/08 Daytime Phone #	