

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089223

FILED
Jun 17, 2009
Secretary of State

Entity Name: BETR LEASING, INC.

Current Principal Place of Business:

4206 NAT'L GUARD DR.
#2
PLANT CITY, FL 33567 US

Current Mailing Address:

4206 NAT'L GUARD DR.
#2
PLANT CITY, FL 33567 US

FEI Number: 59-3283538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

4206 NATIONAL GUARD DRIVE
#2
PLANT CITY, FL 33567 US

New Mailing Address:

4206 NATIONAL GUARD DR.
#2
PLANT CITY, FL 33567 US

Name and Address of Current Registered Agent:

GRIFFIN, JOHN R
3420 GALLAGHER RD.
DOVER, FL 33527 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GRIFFIN, EVANETT B
Address: 4206 NATIONAL GUARD DRIVE SUITE 2
City-St-Zip: PLANT CITY, FL 33563 US

Title: VP () Delete
Name: GRIFFIN, JOHN R
Address: 4206 NATIONAL GUARD DRIVE SUITE 2
City-St-Zip: PLANT CITY, FL 33563 US

Title: VP () Delete
Name: GRIFFIN, BRIAN R
Address: 4206 NATIONAL GUARD DR. SUITE 2
City-St-Zip: PLANT CITY, FL 33563 US

Title: VP () Delete
Name: GRIFFIN, TERESA L
Address: 4206 NATIONAL GUARD DRIVE SUITE 2
City-St-Zip: PLANT CITY, FL 33563 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA LYNN GRIFFIN

VP

06/17/2009

Electronic Signature of Signing Officer or Director

Date