

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90120 041 ***150.00

DOCUMENT # P95000065518

1. Entity Name
BETTER BUILDINGS, INC.



Principal Place of Business
**2929 INDUSTRIAL AVE
SUITE 600
FORT MYERS, FL 33901 US**

Mailing Address
**2929 INDUSTRIAL AVE
SUITE 600
FORT MYERS, FL 33901 US**

2. Principal Place of Business

2929 INDUSTRIAL AVE
Suite, Apt. #, etc.

3. Mailing Address

2929 INDUSTRIAL AVE
Suite, Apt. #, etc.

01052006 Chg-P CR2E034 (11/05)

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

65-0621412

Applied For

Not Applicable

Zip

33901

Country

US

Zip

33901

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, CHARLES B JR.
12800 UNIVERSITY DRIVE
SUITE 600
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name **KAREN DEAN**

Street Address (P.O. Box Number is Not Acceptable)

2929 INDUSTRIAL AVE

City **FORT MYERS**

FL

Zip Code
33901

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 **Karen Dean** **KAREN DEAN, PRESIDENT**

3-20-06

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DEAN, KAREN R**
STREET ADDRESS **2444 MCGREGOR BLVD**
CITY-ST-ZIP **FT MYERS, FL**

TITLE **ST** ☐ Delete
NAME **DEAN, CHARLES W**
STREET ADDRESS **2444 MCGREGOR BLVD**
CITY-ST-ZIP **FT MYERS, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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: **Karen Dean** **KAREN DEAN**

3-20-06

239-334-1051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #