


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90084 035 \*\*\*150.00

<b>DOCUMENT # P95000096690</b>	
1. Entity Name <b>CLASSIFIED BETTER BUSINESS NET, INC.</b>	

Principal Place of Business <b>10619 WEST ATLANTIC BLVD #311 CORAL SPRINGS, FL 33071 US</b>	Mailing Address <b>10619 WEST ATLANTIC BLVD #311 CORAL SPRINGS, FL 33071 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01172005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0640105**

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEITZNER, CHRISTINE  
10619 W ATLANTIC BLVD  
#311  
CORAL SPRINGS, FL 33071**

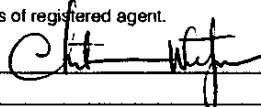
7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. \_\_\_\_\_ the obligations of registered agent. \_\_\_\_\_ in the State of Florida. I am familiar with, and accept

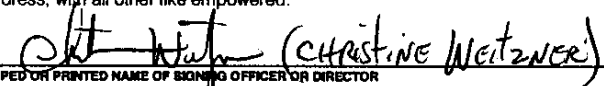
SIGNATURE  DATE **1/27/05**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WEITZNER, CHRISTINE 10619 W ATLANTIC BLVD., #311 CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. \_\_\_\_\_ changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **(CHRISTINE WEITZNER)** **1/27/05** **954-970-9992**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

i), Florida Statutes. I further certify that the information if made under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if