


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000014584</b>	
1. Entity Name <b>BETTER CONCRETE FOUNDATIONS, INC.</b>	

Principal Place of Business <b>10616 MOORE ROAD GOTHA, FL 34734 US</b>	Mailing Address <b>685-B GEORGIA AVENUE LONGWOOD, FL 32750 US</b>
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**DO NOT WRITE IN THIS SPACE**



03142004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3436706</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DEVORE, ROSA  
685-B GEORGIA AVENUE  
LONGWOOD, FL 32750**

**DO NOT WRITE IN THIS SPACE**

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.

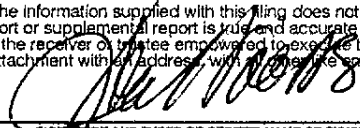
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000154729 05/05/04 00000 022 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT HOOD, JOSEPH W SR 10616 MOORE RD GOTHA, FL 34734
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT HOOD, JOSEPH W JR 10616 MOORE RD GOTHA, FL 34734
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOOD, JOSEPH J 10616 MOORE RD GOTHA, FL 34734
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a power of attorney empowered.

<b>SIGNATURE:</b> 	<b>Joseph W Hood</b>	<b>4/29/04</b>	<b>407-830-0297</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>