

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90398 018 ***150.00

DOCUMENT # P97000014584

1. Entity Name
BETTER CONCRETE FOUNDATIONS, INC.



Principal Place of Business

**10616 MOORE ROAD
GOTHA, FL 34734 US**

Mailing Address

**2428 S MAPLE AVE
SANFORD, FL 32771 US**

40007333



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3436706

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DEVORE, ROSA
2428 S MAPLE AVE
SANFORD, FL 32771**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME HOOD, JOSEPH W SR
STREET ADDRESS 10616 MOORE RD
CITY-ST-ZIP GOTHA, FL 34734

TITLE VT
NAME HOOD, JOSEPH W JR
STREET ADDRESS 10616 MOORE RD
CITY-ST-ZIP GOTHA, FL 34734

TITLE S
NAME HOOD, JOSEPH J
STREET ADDRESS 10616 MOORE RD
CITY-ST-ZIP GOTHA, FL 34734

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07

Date

407-293-1589

Daytime Phone #