

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000020231

**FILED**  
**Sep 06, 2007**  
**Secretary of State**

**Entity Name:** BETTER BUY AUTO SALES, INC.

**Current Principal Place of Business:**

5320 14TH ST W  
101  
BRADENTON, FL 34207 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10850  
BRADENTON, FL 342820850 US

**New Mailing Address:**

**FEI Number:** 65-0952318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARLIAN, MICHAEL V  
P. O. BOX 10850  
BRADENTON, FL 34282 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARLAN, DEBRA R  
Address: 6027 ROLLINS ST  
City-St-Zip: BRADENTON, FL 34207

Title: VP ( ) Delete  
Name: LEVIN, EDWARD M  
Address: 9708 OLD HYDE PARK PLACE  
City-St-Zip: BRADENTON, FL 34202

Title: S (X) Delete  
Name: HARLAN, JOHN  
Address: 34125 HAINES CREEK RD  
City-St-Zip: LEESBURG, FL 34788

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HARLAN, MICHAEL V  
Address: 6027 ROLLINS ST  
City-St-Zip: BRADENTON, FL 34207

Title: VP (X) Change ( ) Addition  
Name: HARLAN, JOHN  
Address: 34125 HAINES CREEK RD  
City-St-Zip: LEESBURG, FL 34788

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: MICHAEL HARLAN

P

09/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date