

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 365200**

1. Entity Name  
**H. BUTLER FOOTWEAR, INC.**



Principal Place of Business  
**POST OFFICE BOX 1867  
 BRADENTON, FL 34206**

Mailing Address  
**POST OFFICE BOX 1867  
 BRADENTON, FL 34206**



03062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1296178</b>	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**

**WALTERS, CLIFF  
 802 11TH STREET WEST  
 BRADENTON, FL 34205**

**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	VD BUTLER, KAYE 4597 15TH STREET E BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, BEVERLEY B. 4597 15ST STREET E BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTLER, ALLEN J. 4597 15TH STREET E BRADENTON, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000660252  
 03/19/07-80017-012 150.00

**DO NOT WRITE  
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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: Allen J. Butler - Allen J. Butler 3-06-07 941-748-9797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #