

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 619860

1. Entity Name

BUTLER PLUMBING OF GAINESVILLE, INC.



Principal Place of Business

629 SW 161 TR
 NEWBERRY FL 32669
 US

Mailing Address

629 SW 161 TR
 NEWBERRY FL 32669
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1921364**

Applied For
 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTLER, ANNETTE G.
629 SW 161 TERRACE
NEWBERRY FL 32669

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN LJ

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

PTD
 BUTLER, ROBERT A.(CHRMN.
 629 SW 161 TERRACE
 NEWBERRY FL 32669

Change Addition
 U00000068925
 02/27/04-80060-023 150.00

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

SD
 BUTLER, ANNETTE G.
 629 SW 161 TERRACE
 NEWBERRY FL

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

VP
 ROBERT ALLAN, BUTLER
 629 SW 161 TERRACE
 NEWBERRY FL 32669

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Annette G. Butler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/04 352 472 3677