

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90251 021 ***150.00

DOCUMENT # 637125	
1. Entity Name BUTLER & WELLBERY, P.A.	

Principal Place of Business 440 S. FEDERAL HIGHWAY SUITE 204 DEERFIELD, FL 33441 US	Mailing Address 440 S. FEDERAL HIGHWAY SUITE 204 DEERFIELD BEACH, FL 33441 US
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2. Principal Place of Business - No P.O. Box # 440 S. FEDERAL HIGHWAY	3. Mailing Address 440 S. FEDERAL HIGHWAY
Suite, Apt. #, etc. SUITE 110	Suite, Apt. #, etc. SUITE 110
City & State DEERFIELD BEACH FL	City & State DEERFIELD BEACH FL
Zip 33441	Country US



05012008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1933082	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WELLBERY, WILLIAM J 440 S. FEDERAL HIGHWAY SUITE 204 DEERFIELD BEACH, FL 33441	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WELLBERY, WILLIAM J. 440 S. FEDERAL HIGHWAY, #204 DEERFIELD BEACH, FL 33441 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 440 S. FEDERAL HIGHWAY # 110 DEERFIELD BEACH FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *William J. Wellbery* **WILLIAM J. WELLBERY** **4/30/08** **954-719-2729**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #