


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000104720 1. Entity Name BUTLER OFFICE SUPPORT SERVICES, INC.																																																																																							
Principal Place of Business 15777 66TH CT N LOXAHATCHEE FL 33470		Mailing Address 15777 66TH CT N LOXAHATCHEE FL 33470																																																																																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																					
City & State		City & State																																																																																					
Zip	Country	Zip	Country																																																																																				
4. FEI Number 65-1149866 Applied For <input type="checkbox"/> Not Applicable																																																																																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																							
6. Name and Address of Current Registered Agent BUTLER, DIANNE 15777 66TH CT N LOXAHATCHEE FL 33470		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when consolidating) _____ DATE _____																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 25%;">TITLE</td> <td style="width: 50%;">PSD</td> <td style="width: 25%;">TITLE</td> <td style="width: 25%;"></td> </tr> <tr> <td>NAME</td> <td>BUTLER, DIANNE <input type="checkbox"/> Delete</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td>15777 66TH CT N</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LOXAHATCHEE FL 33470</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td>BUTLER, WILLIAM <input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15777 66TH CT N</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LOXAHATCHEE FL 33470</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	PSD	TITLE		NAME	BUTLER, DIANNE <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS	15777 66TH CT N	STREET ADDRESS		CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP		TITLE	VD	TITLE		NAME	BUTLER, WILLIAM <input type="checkbox"/> Delete	NAME		STREET ADDRESS	15777 66TH CT N	STREET ADDRESS		CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP		TITLE		TITLE		NAME	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE		NAME	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE		NAME	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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02/16/06-80018-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* 1/31/06 561 3159150