


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000122340  
 1. Entity Name  
 BUTLER POINTE PLAZA, INC.



Principal Place of Business      Mailing Address  
 4141 SOUTHPOINT DR. EAST, STE. B      4141 SOUTHPOINT DR. EAST, STE. B  
 JACKSONVILLE, FL 32216      JACKSONVILLE, FL 32216

**DO NOT WRITE IN THIS SPACE**



02172004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 11-3663720      Not Applicable

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

6. Name and Address of Current Registered Agent  
 SILVERFIELD, GARY  
 4141 SOUTHPOINT DR. EAST, STE. B  
 JACKSONVILLE, FL 32216

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

000000115285  
 04/16/04-80017-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SILVERFIELD, GARY
STREET ADDRESS	4141 SOUTHPOINT DR. EAST, STE. B
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VP
NAME	BREEDING, HELEN
STREET ADDRESS	4141 SOUTHPOINT DR. E
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VP
NAME	SILVERFIELD, LEED
STREET ADDRESS	4141 SOUTHPOINT DR. E
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VP
NAME	CRANFORD, JAMES
STREET ADDRESS	4141 SOUTHPOINT DR. E
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR