## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000001038

ADKINS, STUART

7333 GUNSTOCK DRIVE

LAKELAND, FL 33809

Name:

Address:

City-St-Zip:

FILED Jan 13, 2004 Secretary of State

Entity Name: BUTLER MORTGAGE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1012 W EMMETT ST KISSIMMEE, FL 34741 **New Mailing Address: Current Mailing Address:** 1012 W EMMETT ST KISSIMMEE, FL 34741 US FEI Number: 59-3216905 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CHANIA, HOWARD CHANIN, HOWARD 1012 W EMMETT ST 1012 W EMMETT ST SUITE B SUITE B KISSIMMEE, FL 34341 US KISSIMMEE, FL 34741 US 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. SIGNATURE: HOWARD CHANIN 01/13/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition URBAN, HARRY Name: Name: 1411 CHISHOLM RIDGE CT Address: Address: City-St-Zip: SAINT CLOUD, FL 34771 City-St-Zip: Title: **PST** Title: () Delete () Change () Addition CHANIN, HOWARD Name: Name: 1685 TAYLOR RIDGE LOOP Address: Address: KISSIMMEE, FL 34744 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition STEWART, SABRINA Name: Name: 1709 BRASSIE CT. Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ADKINS, STUART

LAKELAND, FL 33805

5112 LAKE DEESON WOODS COURT

SIGNATURE: STUART ADKINS ٧ 01/13/2004