


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # P96000083600
 1. Entity Name
BUTLER OAKS FARM, INC.



Principal Place of Business Mailing Address
 172 SHADY OAKS LANE 172 SHADY OAKS LANE
 LORIDA, FL 33857 US LORIDA, FL 33857 US

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0707511 Not Applicable

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

6. Name and Address of Current Registered Agent
 BUTLER, ROBERT L PRES
 213 SILVER CREEK LANE
 LORIDA, FL 33857

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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**

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	BULTER, ROBERT L
STREET ADDRESS	213 SILVER CREEK LANE
CITY-ST-ZIP	LORIDA, FL 33857
TITLE	VP
NAME	BUTLER, BENJAMIN L
STREET ADDRESS	608 BUTLER'S BLUFF RD.
CITY-ST-ZIP	LORIDA, FL 33857
TITLE	S
NAME	BUTLER, PAMELA H
STREET ADDRESS	213 SILVER CREEK LANE
CITY-ST-ZIP	LORIDA, FL 33857
TITLE	T
NAME	BUTLER, WILLIAM R
STREET ADDRESS	213 SILVER CREEK LANE
CITY-ST-ZIP	LORIDA, FL 33857
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 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: Pamela H. Butler 1-7-08 863-763-7975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #