



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.	
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Principal Place of Business 172 SHADY OAKS LANE LORIDA, FL 33857 US	Mailing Address 172 SHADY OAKS LANE LORIDA, FL 33857 US
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DO NOT WRITE IN THIS SPACE


01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0707511	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, ROBERT L PRES
213 SILVER CREEK LANE
LORIDA, FL 33857**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BUTLER, ROBERT L 213 SILVER CREEK LANE LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUTLER, BENJAMIN L 608 BUTLER'S BLUFF RD. LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTLER, PAMELA H 213 SILVER CREEK LANE LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTLER, WILLIAM R 213 SILVER CREEK LANE LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/03/08-80080-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #