

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000104720

**Entity Name:** BUTLER OFFICE SUPPORT SERVICES, INC.

**Current Principal Place of Business:**

15777 66TH CT N  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

15777 66TH CT N  
LOXAHATCHEE, FL 33470

**FEI Number:** 65-1149866

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUTLER, DIANNE  
15777 66TH CT N  
LOXAHATCHEE, FL 33470 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSD  
Name BUTLER, DIANNE  
Address 15777 66TH CT N  
City-State-Zip: LOXAHATCHEE FL 33470

Title VD  
Name BUTLER, WILLIAM  
Address 15777 66TH CT N  
City-State-Zip: LOXAHATCHEE FL 33470

*I hereby 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 all other like empowered.*

**SIGNATURE:** DIANNE BUTLER

**PRESIDENT**

**01/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date