

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083600

Entity Name: BUTLER OAKS FARM, INC.**Current Principal Place of Business:**172 SHADY OAKS LANE
LORIDA, FL 33857**Current Mailing Address:**172 SHADY OAKS LANE
LORIDA, FL 33857 US**FEI Number:** 65-0707511**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUTLER, ROBERT LPRES
213 SILVER CREEK LANE
LORIDA, FL 33857 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	PRES
Name	BULTER, ROBERT L
Address	213 SILVER CREEK LANE
City-State-Zip:	LORIDA FL 33857

Title	VP
Name	BUTLER, BENJAMIN L
Address	608 BUTLER'S BLUFF RD.
City-State-Zip:	LORIDA FL 33857

Title	S
Name	BUTLER, PAMELA H
Address	213 SILVER CREEK LANE
City-State-Zip:	LORIDA FL 33857

Title	T
Name	BUTLER, WILLIAM R
Address	13605 SW 144TH PKWY
City-State-Zip:	OKEECHOBEE FL 34974

Title	D
Name	ROBERTS, KATHERINE H
Address	7036 JARVIS RD
City-State-Zip:	SARASOTA FL 34241

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: PAMELA H BUTLER**SECRETARY****01/28/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date