2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2007 08:00 AM Secretary of State

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1. Entity Name

BUTLER CLEANERS, INC.



Principal Place of Business

1268 S. MCDUFF AVE JACKSONVILLE, FL 32205 Mailing Address

1268 S. MCDUFF AVE JACKSONVILLE, FL 32205



DO NOT WRITE IN THIS SPACE

01222007 No Chg-P CR2E034 (11/05)

Applied For

4. FEI Number 59-1163121

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

	 	
DNEY R BUTLER		

6. Name and Address of Current Registered Agent

1243 BELVEDERE AVENUE 1243 JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32205				IN THIS SPACE					
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									
	E NOW!!! FEE I\$ \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTLER, RODNEY 1243 BELVERDERE AVE JACKSONVILLE, FL 00000,								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, VICTORIA 1243 BELVERDERE AVE JACKSONVILLE, FL 00000,				U00000630072 02/19/07-80027-004 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-7IP	·			IN	THIS SPACE				

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIF

Buttered-2-07 904-3

Daytime Phone #