

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 525893

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** CARRABELLE RIVER PLAZA, INC.

**Current Principal Place of Business:**

% CLIFF BUTLER  
145 NORTH BAYSHORE DRIVE  
EASTPOINT, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

% CLIFF BUTLER  
P.O. BOX 411  
EASTPOINT, FL 32328

**New Mailing Address:**

**FEI Number:** 59-1724719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUTLER, CLIFF  
145 N BAYSHORE DR  
EASTPOINT, FL 32328 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BUTLER, CLIFF  
Address: 145 N BAYSHORE DR  
City-St-Zip: EASTPOINT, FL 32328

Title: VD  
Name: BUTLER, JOE WHEELER  
Address: 1380 PLANTATION CREEK RD  
City-St-Zip: FORTSON, GA 31808

Title: DST  
Name: BUTLER, DAVID K  
Address: US HWY 98 319 E  
City-St-Zip: LANARK VILLAGE, FL

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: CLIFF BUTLER

PD

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date