

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 08, 2005  
Secretary of State**

DOCUMENT# 575055

Entity Name: BUTLER'S FLORIST, INC.

**Current Principal Place of Business:**

430 RACETRACK RD, NE  
FT. WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

430 RACETRACK RD., NE  
FT. WALTON BEACH, FL 32547 US

**New Mailing Address:**

FEI Number: 59-1836476      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RISHER, BUTLER SUSAN  
430 RACETRACK RD, NE  
FT. WALTON BEACH, FL 32547 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: S      ( ) Delete  
Name: BUTLER, GEORGIA A.,  
Address: 705 TROWBRIDGE AVE  
City-St-Zip: FT. WALTON BCH., FL

Title: P      ( ) Delete  
Name: RISHER, MARY SUSAN,  
Address: 705 TROWBRIDGE AVENUE  
City-St-Zip: FT. WALTON BCH., FL

Title: T      ( ) Delete  
Name: HARRISON, ANN,  
Address: 231 TIMBERLANE  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S      (X) Change ( ) Addition  
Name: RISHER, DAWN M  
Address: 515 LANDVIEW APT C  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY SUSAN RISHER

P

06/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date