

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 575055</b> 1. Entity Name <b>BUTLER'S FLORIST, INC.</b>	
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Principal Place of Business 430 RACETRACK RD, NE FT. WALTON BEACH, FL 32547 US	Mailing Address 430 RACETRACK RD., NE FT. WALTON BEACH, FL 32547 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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04072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1836476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  RISHER, BUTLER SUSAN 430 RACETRACK RD, NE FT. WALTON BEACH, FL 32547	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RISHER, DAWN M 515 LANDVIEW APT C FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RISHER, MARY SUSAN 705 TROWBRIDGE AVENUE FT. WALTON BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRISON, ANN 231 TIMBERLANE TALLAHASSEE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/07-80065-009 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing 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 title empowered.

SIGNATURE: Susan Butler Risher Susan Butler Risher 4-7-07 850 862-3197  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #