


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 575055 1. Entity Name BUTLER'S FLORIST, INC.	
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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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04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1836476	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RISHER, BUTLER SUSAN
430 RACETRACK RD, NE
FT. WALTON BEACH, FL 32547

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	RISHER, DAWN M
STREET ADDRESS	515 LANDVIEW APT C
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	P
NAME	RISHER, MARY SUSAN
STREET ADDRESS	705 TROWBRIDGE AVENUE
CITY-ST-ZIP	FT. WALTON BCH., FL
TITLE	T
NAME	HARRISON, ANN
STREET ADDRESS	231 TIMBERLANE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000940700
05/28/08-80076-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN BUTLER RISHER

4/8/08

850 862-3197