

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 630187**

1. Entity Name  
**HENRY BUTLER TRUCKING, INC.**



Principal Place of Business

**#1 HOLIDAY MANOR  
HAINES CITY, FL 33844**

Mailing Address

**#1 HOLIDAY MANOR  
HAINES CITY, FL 33844**



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1704142**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BUTLER, LEONARD A  
1 HOLIDAY MANOR  
HAINES CITY, FL 33844**

**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, 2006 Fee will be \$330.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BUTLER, LEONARD A
STREET ADDRESS	1 HOLIDAY MANOR
CITY-ST-ZIP	HAINES CITY, FL
TITLE	VP
NAME	HOWARD, CHIQUITA
STREET ADDRESS	1 HOLIDAY MANOR
CITY-ST-ZIP	HAINES CITY, FL
TITLE	T
NAME	WATSON, PEGGY
STREET ADDRESS	1 HOLIDAY MANOR
CITY-ST-ZIP	HAINES CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000408469  
02/03/06-80060-012 150.00

**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:**

*Leonard A. Butler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06  
Date

422-1332  
Daytime Phone #