

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-30-2005 90002 043 ***150.00
F64887

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50054258



DOCUMENT # F64887
1. Entity Name
THE LAW FIRM OF JAMES T. BUTLER, P.A.



Principal Place of Business: 201 N. FRANKLIN ST. SUITE 1590 S/B 1950 TAMPA, FL 33602
Mailing Address: 201 N. FRANKLIN ST. SUITE 1590 S/B 1950 TAMPA, FL 33602

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

06272005 Chg-P CR2E034 (10/03)
4. FEI Number: 59-2152052 Applied Fee: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BUTLER, JAMES T.
220 E. MADISON STREET #930
TAMPA, FL 33602
201 N. Franklin Street, Suite 1950
Tampa, FL 33602

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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: *James T. Butler* DATE: 06/28/05
Signature typed or printed for use of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., if corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE: PST <input type="checkbox"/> Delete NAME: BUTLER, JAMES T. STREET ADDRESS: 220 E. MADISON ST #930 CITY-ST-ZIP: TAMPA, FL 00000	201 N. Franklin St. Suite 1950, 33602
TITLE: D <input type="checkbox"/> Delete NAME: BUTLER, JAMES T. STREET ADDRESS: 220 E. MADISON ST #930 CITY-ST-ZIP: TAMPA, FL 33602	201 N. Franklin St. Suite 1950
TITLE: _____ <input type="checkbox"/> Delete	
TITLE: _____ <input type="checkbox"/> Delete	
TITLE: _____ <input type="checkbox"/> Delete	
TITLE: _____ <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Ad	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Ad	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Ad	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Ad	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Ad	

12. I hereby certify that the information supplied with this filing does not qualify 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 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, or on an attachment with an address, with all other info empowered.

James T. Butler

06/28/05 Date 813-229-3232 Daytime Phone Number