

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F64887**

1. Entity Name  
**LAW OFFICES OF BUTLER & BOYD, P.A.**



Principal Place of Business

**201 N. FRANKLIN ST. SUITE 1950  
TAMPA, FL 33602**

Mailing Address

**201 N. FRANKLIN ST. SUITE 1950  
TAMPA, FL 33602**



07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2152052**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUTLER, JAMES T.  
201 N.FRANKLIN STREET, SUITE 1950  
TAMPA, FL 33602**

**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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000574030  
08/10/06-80004-001 550.00**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BUTLER, JAMES T.
STREET ADDRESS	201 N.FRANKLIN ST. SUITE 1950
CITY- ST- ZIP	TAMPA, FL 33602
TITLE	D
NAME	BUTLER, JAMES T.
STREET ADDRESS	201 N.FRANKLIN ST, STE 1950
CITY- ST- ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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

**8-2-06**

Date

Daytime Phone #