


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # G09557 1. Entity Name BUTLER-HERIG ENTERPRISES, INC.	
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Principal Place of Business 4007 N. 56TH ST. TAMPA, FL 33610	Mailing Address P.O. BOX 803 BRANDON, FL 33511
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2299606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUTLER, BARBARA 1820 N TAYLOR ROAD BRANDON, FL 33511	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Reg stored Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUTLER, BARBARA H 1820 NORTH TAYLOR ROAD BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERIG, BARBARA J. 4104 HELENE PLACE VALRICO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTLER, JAMES E 1820 NORTH TAYLOR ROAD BRANDON, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERIG, RUSSELL K 4104 HELENE PLACE VALRICO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80034-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Russell K. Herig</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/7/05 Date	813 478 8383 Daytime Phone #
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