

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # G91396

1. Entity Name

RALPH BUTLER PRODUCE, INC.



Principal Place of Business

% RALPH OWEN BUTLER
12519 NICOLETTE CT
CLERMONT FL 34711

Mailing Address

% RALPH OWEN BUTLER
12519 NICOLETTE CT
CLERMONT FL 34711



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2383950**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

BUTLER, RALPH OWEN
12519 NICOLETTE CT
CLERMONT FL 32711

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	BUTLER, RALPH OWEN	
STREET ADDRESS	12519 NICOLETTE CT	
CITY-STATE-ZIP	CLERMONT FL	
TITLE	TD	☐ Delete
NAME	BUTLER, RUTH ANN	
STREET ADDRESS	12519 NICOLETTE CT	
CITY-STATE-ZIP	CLERMONT FL	
TITLE	S	☐ Delete
NAME	DAVIDSON, LISA R	
STREET ADDRESS	590 LAKESHORE DR	
CITY-STATE-ZIP	CLERMONT FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	U000000632996
CITY-STATE-ZIP	02/21/07-80043-019 150.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ruth Ann Butler

Ruth Ann Butler

2-8-07

352-394-3719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #