## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J65652

Address:

City-St-Zip:

RYEWATER NURSERY

FOLKE NR. SHERBOURNE,

Entity Name: FLORIDA BUTTERFLY FARM, INC

FILED Apr 25, 2006 Secretary of State

•					
Current Principal Place of Business:			New Principal Place o	of Business:	
200 E LAS	AM COLEMAN OLAS #1900 JDERDALE, FI	•			
Current Mailing Address:			New Mailing Address:		
200 E LAS	AM COLEMAN OLAS #1900 JDERDALE, FI	•			
FEI Number:	: 65-0035912	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Register				New Registered Agent:	
200 E LAS	N, WILLIAM T E OLAS STE 19 JDERDALE, FI	900			
	named entity : e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PST ( ) FARRELL, CLIV RYEWATER NI FOLKE NR. SH	JRSERY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( ) FARRELL, CLI	) Delete √E P.,	Title: Name:	( ) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. COLEMAN RA 04/25/2006