

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J65652

FILED  
Jan 28, 2012  
Secretary of State

**Entity Name:** FLORIDA BUTTERFLY FARM, INC.

**Current Principal Place of Business:**

C/O WILLIAM COLEMAN, ESQ  
200 E LAS OLAS #1900  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WILLIAM COLEMAN, ESQ  
200 E LAS OLAS #1900  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 65-0035912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLEMAN, WILLIAM T ESQ  
200 E LAS OLAS STE 1900  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: FARRELL, CLIVE P.  
Address: RYEWATER NURSERY  
City-St-Zip: FOLKE NR. SHERBOURNE,

Title: D  
Name: FARRELL, CLIVE P.  
Address: RYEWATER NURSERY  
City-St-Zip: FOLKE NR. SHERBOURNE,

I hereby 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 all other like empowered.

SIGNATURE: CLIVE FARRELL

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01/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date