

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90018 029 ***158.75

DOCUMENT # J68984

1. Entity Name
BUTLER & ASSOCIATES OF PENSACOLA, INC.



Principal Place of Business
**2420 EAST OLIVE ROAD
SUITE A
PENSACOLA, FL 32514 US**

Mailing Address
**P. O. BOX 15147
PENSACOLA, FL 32514 US**

40001022



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2821868	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MATTHEWS, JR., EDESL F.
308 S JEFFERSON ST
PENSACOLA, FL 32501**

**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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BUTLER, WILLIAM T. 2420 EAST OLIVE ROAD, SUITE A PENSACOLA, FL 32514
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BUTLER, VICKIE L 2420 EAST OLIVE ROAD, SUITE A PENSACOLA, FL 32514
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARRY, GERALD L 2420 EAST OLIVE ROAD, SUITE A PENSACOLA, FL 32514
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**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2005

Date

850-476-4768

Daytime Phone #