

ANNUAL REPORT

DOCUMENT # K47014

1. Entity Name
NEIL H. BUTLER, P.A.



Principal Place of Business

NEIL H. BUTLER, P.A.
2708 O'HARA COURT
TALLAHASSEE, FL 32309 US

Mailing Address

NEIL H. BUTLER, P.A.
2708 O'HARA COURT
TALLAHASSEE, FL 32309 US

FILED
Feb 03, 2004 08:00 AM
Secretary of State



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2920254

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUTLER, NEIL H
2708 O'HARA COURT
TALLAHASSEE, FL 32309

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000032961
02/05/04-80024-013 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PST
BUTLER, NEIL H.
2708 O'HARA COURT
TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
BUTLER, SANDRA S
2708 O'HARA COURT
TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**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:

Neil H. Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04

850-893-0249