

# 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 08, 2005 08:00 AM**  
**Secretary of State**



02072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2920254

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(l), 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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL H. BUTLER, president

2/7/05 (850) 893-024

Date

Daytime Phone #