


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000003959</b> 1. Entity Name <b>BUTTS ENTERPRISES, INC.</b>	
--	---

Principal Place of Business <b>3635 N.W. 19TH STREET LAUDERDALE LAKES, FL 33311</b>	Mailing Address <b>3635 N.W. 19TH STREET LAUDERDALE LAKES, FL 33311</b>
--	--

**DO NOT WRITE IN THIS SPACE**



03222005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>43-1967447</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BUTTS, TOMMIE B JR.  
6560 SW 8TH STREET  
N. LAUDERDALE, FL 33068**

**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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUTTS, TOMMIE B JR. 6560 SW 8TH STREET N. LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUTTS, VERA 6560 SW 8TH STREET N. LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLEMAN, SHERRY 2711 NW 7TH STREET POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUDSON, L. JAMES 3012 SW 11TH STREET FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

1100000278362  
03/28/05-80647-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:**  **3/24/05** (954) 735-7826  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #