2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000003171 1. Entity Name

Principal Place of Business

ROBERT K. BUTLER, P.A.

527 TULIP LANE VERO BEACH, FL 32963 Mailing Address

527 TULIP LANE

VERO BEACH, FL 32963

FILED Apr 27, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P 03052004 CR2E034 (10/03) 4. FEI Number Applied For

59-3635588

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, ROBERT K **527 TULIP LANE**

DO NOT WRITE

VERO BEACH, FL 32963				IN THIS SPACE		
8. The above the obligat	named entity submits the natement for the pions of recistered and the natement for the pions of recistered and the natement for the pions of recistered and the natement for the pions of the natement for the natemen	urnose of changing its registe	ered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, yped or printed name of registered agent and time if	applicable. (NOTE: Registe	ered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000133893 04/27/04-80106-009 150.00	
10.	OFFICERS AND DIREC	TORS	T			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BUTLER, ROBERT K 527 TULIP LANE VERO BEACH, FL 32963					
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TITLE						

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 trusted 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 they like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP