

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000097429	
1. Entity Name BUTLER'S PUMP-N-TOOL REPAIR, INC.	

Principal Place of Business 1120 ROMNEY ST., #2 JACKSONVILLE, FL 32211	Mailing Address PO BOX 8831 JACKSONVILLE, FL 32239
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DO NOT WRITE IN THIS SPACE

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02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3750319	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LALLY, W.K.
6160 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

**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 _____ (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	P BUTLER, MARSHALL W 2923 WYCOMBE DR. W. JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUTLER, CAROLE H 2923 WYCOMBE DR. W. JACKSONVILLE, FL 32277
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100000277248
03/26/05-80022-009 150.00

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 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 entries covered.

SIGNATURE:  **3/24/05** **9047451111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #