


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000T12196</b> 1. Entity Name <b>BUTLER &amp; PETKOVICH INVESTMENTS, INC.</b>					
Principal Place of Business <b>3903 NORTHDAL E BOULEVARD SUITE 112W TAMPA, FL 33624</b>		Mailing Address <b>3903 NORTHDAL E BOULEVARD SUITE 112W TAMPA, FL 33624</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				02082005 No Chg-P CR2E034 (10/03)	
				4. FEI Number <b>59-3755916</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>DAVIS, GARY L 9020 RANCHO DEL RIO DRIVE SUITE 101 NEW PORT RICHEY, FL 34655</b>		<b>DO NOT WRITE IN THIS SPACE</b>			
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, WILLIAM T 8537 ORSI COURT NEW PORT RICHEY, FL 34655				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETKOVICH, PATRICK 14034 NOTREVILLE WAY TAMPA, FL 33624				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BUTLER, WILLIAM T 8537 ORSI COURT NEW PORT RICHEY, FL 34655				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PETROVICH, PATRICK 14034 NOTREVILLE WAY TAMPA, FL 33624				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: <u>William T. Butler</u> <u>William T. Butler</u> 2-18-05 813-961-5700		Date Daytime Phone #			