


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90136 012 ***150.00

DOCUMENT # P02000014316 1. Entity Name BUTLER-LACKMAN TRUST, INC.	
---	---

Principal Place of Business 710 WEST BAY STREET TAMPA, FL 33360	Mailing Address 710 WEST BAY STREET TAMPA, FL 33360
---	---

DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0002529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LACKMAN, PETER
710 WEST BAY STREET
TAMPA, FL 33360**

**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 _____

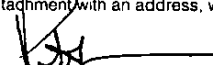
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACKMAN, PETER 710 WEST BAY STREET TAMPA, FL 33360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, WILLIAM 710 WEST BAY STREET TAMPA, FL 33360
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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **P.V. Lackman** **4-1-06 813-258-5600**

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