


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90004 043 \*\*\*150.00

DOCUMENT # P02000045927			
1. Entity Name B.A. M-BUTLER, INC.			
Principal Place of Business 2190 S W TRENTON LANE PORT ST. LUCIE FL 34984		Mailing Address 2190 S W TRENTON LANE PORT ST. LUCIE FL 34984	
2. Principal Place of Business <i>2190 S.W. Trenton Lane</i>		3. Mailing Address <i>2190 S.W. Trenton Lane</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Port St. Lucie</i>		City & State <i>Port St. Lucie</i>	
Zip <i>34984</i>	Country <i>USA</i>	Zip <i>34984</i>	Country <i>USA</i>
4. FEI Number 01-0707995		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  M-BUTLER, BARBARA A 2190 S W TRENTON LANE PORT ST. LUCIE FL 34984		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD M-BUTLER, BARBARA A 2190 S W TRENTON LANE PORT ST. LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Barbara A. M. Butler / Barbara A. M. Butler* Date *Jan 30, 2005*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT

# P02000045927

Feb. 1, 2005

Greetings !!

Due to the hurricanes  
we are not presently receiving  
mail at 2190 S.W. Henton Lane.  
P. S. L. Fla. 34984

I have a temporary P.O. Box  
until we are back at the  
Henton Lane address.

As follows:

B.A.M - B Inc.

P.O. Box 8347

P. S. L. Fla 34985

Many Thanks Barbara B.M. - B Inc.