

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

07 AUG 16 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*PS*

DOCUMENT # P02000045927  
 1. Entity Name  
 B.A. M-BUTLER, INC.



Principal Place of Business      Mailing Address  
 3425 WESTWOOD DR                      3425 WESTWOOD DR  
 TITUSVILLE, FL 32796                      TITUSVILLE, FL 32796

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*2765 S.E. Grand Drive*                      *2765 Grand Drive*  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State      City & State  
*Port St. Lucie Florida*                      *Port St. Lucie Florida*  
 Zip      Country      Zip      Country  
*34952*      *USA*      *34952*      *USA*



07122007      Chg-P      CR2E034 (12/06)

8. Name and Address of Current Registered Agent  
 M-BUTLER, BARBARA A  
 2190 S W TRENTON LANE  
 PORT ST. LUCIE, FL 34984

4. FEI Number      Applied For  
 01-0707995      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required  
 7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007**      9. Election Campaign Financing Trust Fund Contribution.       \$5.00 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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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: *Barbara A M-Butler*      *July 16, 2007*      *772-335-4906*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #      *4706*

Aug. 16, 2007

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Florida State Dept.  
Division of Corporation

Upon notification of annual report late fee due, - I am requesting a waive of late fee.

Annual letter was not received - All of B A M-B <sup>letter</sup> Inc. mail, mailed to 2190 S.W. Trenton Dr Port St. Lucia had been diverted to another address due to <sup>the</sup> 54984 ~~the~~ reason of death of my Mother (as that was her home in Trenton). I did not receive anything until July 1-07 at the Titusville address, where upon it was sent to me at 2765 S.E. Grand Avenue Port St. Lucia Fla.

I would gratefully appreciate a waive of late fee.

Respectfully yours  
B A M-B <sup>letter</sup> Inc  
Barbara A M. Buder  
2789 S.E. Grand Drive  
Port St. Lucia Fla. 34952