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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 of 2

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000045927

1. Entity Name
B.A. M-BUTLER, INC.

Principal Place of Business	Mailing Address
3425 WESTWOOD DR TITUSVILLE, FL 32796	3425 WESTWOOD DR 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: Port St. Lucie Florida	City & State: Port St. Lucie Florida
Zip: 34952 Country: USA	Zip: 34952 Country: USA

07122007 Chg-P CR2E034 (12/06)

4. FEI Number: 01-0707995 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
M-BUTLER, BARBARA A 2190 S W TRENTON LANE PORT ST. LUCIE, FL 34984	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 — 772-335-4706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 Bam-Butler Inc. mail, mailed to 2190 S.W. Trenton Dr Port St. Lucie had been diverted to another address due to reason of death of my Mother (as that was her home on Trenton) I did not receive anything until July 1-07 at the Titusville address, where upon it was sent to me at 2763 S.E. Grand Address Port St. Lucie Fla.

I would gratefully appreciate a waive of late fee.

Respectfully Yours
Bam-Butler Inc
Barbara Ann Butler
2789 S.E. Grand Drive
Port St. Lucie Fla. 34952