

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000049212

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** BUTLER & COMPANY RESEARCH AND DEVELOPMENT, INC.

**Current Principal Place of Business:**

18901 SW 63RD STREET  
SOUTHWEST RANCHES, FL 33332 US

**New Principal Place of Business:**

**Current Mailing Address:**

18901 SW 63RD STREET  
SOUTHWEST RANCHES, FL 33332 US

**New Mailing Address:**

**FEI Number:** 90-0110601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUTLER, WALTER R  
18901 SW 63 RD STREET  
SOUTHWEST RANCHES, FL 33332 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BUTLER, WALTER R  
**Address:** 18901 SW 63RD STREET  
**City-St-Zip:** SOUTHWEST RANCHES, FL 33332

**Title:** SEC  
**Name:** BUTLER, DENA R  
**Address:** 18901 SW 63RD STREET  
**City-St-Zip:** SOUTHWEST RANCHES, FL 33332 US

**Title:** TREA  
**Name:** BUTLER, DENA R  
**Address:** 18901 SW 63 RD STREET  
**City-St-Zip:** SOUTHWEST RANCHES, FL 33332 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DENA R BUTLER

SEC

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date