

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000000150

1. Entity Name
J. BUTTERFIELD, INC.



Principal Place of Business
4903 EDENVIEW COURT
ORLANDO, FL 32810

Mailing Address
4903 EDENVIEW COURT
ORLANDO, FL 32810

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DIGLIO-BENKIRAN, MICHELE ESQ
C/O LAW OFFICES OF MICHELE DIGLIO-BENKIRAN
1999 WEST COLONIAL DRIVE STE 204
ORLANDO, FL 32804

04162007 Chg-P CR2E034 (12/06)

| | |
|-----------------------------|----------------|
| 4. FEI Number 26-0077137 | Applied For |
| | Not Applicable |

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

7. Name and Address of New Registered Agent

Name *Jeff Butterfield*

Street Address (P.O. Box Number is Not Acceptable)

4903 EdenView Ct

City *Orlando*

FL *32810*

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 *Jeff Butterfield*

Signature, typed or printed name of registered agent and title if applicable

Jefferson Butterfield

4-15-07

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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 | DPS BUTTERFIELD, JEFFERSON A 4903 EDENVIEW COURT ORLANDO, FL 32810 | <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: *Jeff Butterfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-07

331-229-1079

Date

Daytime Phone #