

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90005 003 \*\*\*150.00

**DOCUMENT # P04000064350**

1. Entity Name  
**BUTLER'S BUILDING SERVICES, INC.**



Principal Place of Business  
**308 KEYSVILLE RD  
PLANT CITY, FL 33567**

Mailing Address  
**308 KEYSVILLE RD  
PLANT CITY, FL 33567**

**50058348**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**52-2441504**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BUTLER, MARTHA SHEFFIELD  
308 KEYSVILLE RD  
PLANT CITY, FL 33567**

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

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 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BUTLER, MARTHA SHEFFIELD**  
STREET ADDRESS **308 KEYSVILLE RD**  
CITY-ST-ZIP **PLANT CITY, FL 33567**

TITLE **V** ☐ Delete  
NAME **BUTLER, MICHAEL W**  
STREET ADDRESS **308 KEYSVILLE RD**  
CITY-ST-ZIP **PLANT CITY, FL 33567**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☐ Change ☒ Addition  
NAME **MARTHA Sheffield Butler**  
STREET ADDRESS **308 E KeySVille Rd**  
CITY-ST-ZIP **Plant City FL 33567**

TITLE **S** ☐ Change ☒ Addition  
NAME **MARTHA Sheffield Butler**  
STREET ADDRESS **308 E KeySVille Rd**  
CITY-ST-ZIP **Plant City FL 33567**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

*Marta Sheffield Butler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/25/05 813-737-6502**  
Date Daytime Phone #

ATTACHMENT

P64000064350

50058348

**Butler's Building Service Inc.**

Office 813-737-6502

Mike's Cell 813-892-2637

To: The Division Of Corporations

I, Martha Sheffield Butler, did not  
receive the first annual report.

this was the first time i heard of it.

Sincerely

Martha Sheffield Butler

*Martha Sheffield Butler*  
7/25/05