

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

06-09-2006 90001 015 *****8.75

07-13-2006 90021 009 ***150.00

DOCUMENT # P06000018184

1. Entity Name
THE BUTLERS DID IT, INC.



Principal Place of Business
**4910 NORTHWEST 12 STREET
LAUDERHILL, FL 33313**

Mailing Address
**4910 NORTHWEST 12 STREET
LAUDERHILL, FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006

Chg-P

CR2E034 (11/05)

4. FEI Number

51-0534760

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33146**

7. Name and Address of New Registered Agent

Name **Carolyn O. Butler**

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

4910 N.W. 12 Street

City **Lauderhill**

FL

Zip Code

33313

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

Carolyn O. Butler PD

4-25-06

DATE

**FILE NOW! FILE IS \$150.00
After May 1, 2006 Fee will be \$250.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$3.00 May Be
Added to Fees**

10.

OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	BUTLER, CAROLYN O	
STREET ADDRESS	4910 NORTHWEST 12 STREET	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	VPO	☐ Delete
NAME	BUTLER, RAYMOND	
STREET ADDRESS	4910 NORTHWEST 12 STREET	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	VPO	☐ Delete
NAME	MUHAMMAD, PATRICK	
STREET ADDRESS	4910 NORTHWEST 12 STREET	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	SD	☐ Delete
NAME	BUTLER, TRACI	
STREET ADDRESS	4910 NORTHWEST 12 STREET	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	TD	☐ Delete
NAME	BUTLER, RAEMON O	
STREET ADDRESS	4910 NORTHWEST 12 STREET	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

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		
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 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:

Carolyn O. Butler

4-25-06