

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90310 049 \*\*\*150.00

**DOCUMENT # P93000011015**

1. Entity Name

BUTLER'S RESTAURANT AND LOUNGE, INC.



Principal Place of Business

BUTLER BAY ROAD  
HIGHLAND VIEW  
PORT ST. JOE, FL 32456

Mailing Address

P.O. BOX 212  
HIGHLAND VIEW  
PORT ST. JOE, FL 32456 US

**50036902**



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3164982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BUTLER, RONALD W  
BUTLER BAY ROAD  
HIGHLAND VIEW  
PORT ST. JOE, FL 32456

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME KENNEDY, CATHY E  
STREET ADDRESS BUTLER BAY ROAD HIGHLAND VIEW  
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE D  
NAME BUTLER, RONALD W  
STREET ADDRESS BUTLER BAY ROAD HIGHLAND VIEW  
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: *Elaine Kennedy* *Cathy Elaine Kennedy*