

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000083641

1. Entity Name
BUTENSKY & COHEN, INC.



Principal Place of Business
**110 PROFESSIONAL DR
STE 104
PONTE VEDRA BEACH, FL 32082 US**

Mailing Address
**110 PROFESSIONAL DR
STE 104
PONTE VEDRA BEACH, FL 32082 US**



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3304784** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N
5150 BELFORT ROAD
SUITE 100
JACKSONVILLE, FL 32256**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **BUTENSKY, JAN D.**
STREET ADDRESS **110 PROFESSIONAL DR**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **DTS**
NAME **COHEN, ALLAN A.**
STREET ADDRESS **110 PROFESSIONAL DR**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE
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000000414867
02/11/06-80054-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Allan Cohen **ALLAN COHEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06 904-273-9850
Date Daytime Phone #