2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE

FILED **DOCUMENT # P95000066688** 07 AUG 17 AM 1:31 THE BUTTERFLY MANOR, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing-Address 660 3RD AVE S. 660 3RD AVE S. ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33701 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08062007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3341129 Not Applicable Zip Country ZiΩ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERTHELOT, MARLENE C Street Address (P.O. Box Number is Not Acceptable) 210 82ND AVE N ST PETERSBURG, FL 33702 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PVST** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BERTHELOT, MARLENE C NAME 210.82ND-AVE-N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST-PETERSBURG, FL 33702 CITY-\$T-ZIP Addition TITLE D ☐ Delete TITLE BERTHELOT, MARLENE NAME NAME STREET ADDRESS STREET ADDRESS 210 62ND AVE N CITY-ST-ZIP ST-PETERSBURG, EL 33702 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE 100108849881 08/30/07--01045--018 **158,<u>75</u> NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY - ST - ZIP_ CITY+ST-ZiP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Date

Butterfly Manor 660 3rd Ave South St. Petersburg Fl. 33701

August 1, 2007

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, F.L. 32314

.To:Whom it may-concern,

I have three companies,

The Butterfly Manor, INC.

Document number: P95000066688

Tax ID Number: 593341129

Mate Management, INC.

Document number: P9400009051

Tax ID Number: 593230395

Nurse Mate, INC.

Document number: **\$**13977 Tax ID Number: **\$**93037897

Upon renewing Mate Management and Nurse Mates, I have requested the paperwork for the Butterfly Manor. I have not received it and did not pay attention to that effect. I am requesting the paperwork for the second time and also asking for a penalty waiver.

Please contact me at (727) 742-6974 should you have any questions.

Sincerely,

Marlene Berthelot