

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000015202

1. Entity Name
BUTLER'S OFFICE CLEANING, INC.



Principal Place of Business
**8574 KIMBO ROAD
TALLAHASSEE, FL 32310**

Mailing Address
**8574 KIMBO ROAD
TALLAHASSEE, FL 32310**



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3430030** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUTLER, BILLY
8574 KIMBO ROAD
TALLAHASSEE, FL 32310**

**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 _____ (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**

000000458628
03/17/06-80048-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUTLER, BILLY
STREET ADDRESS	8574 KIMBO ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	D
NAME	BUTLER, DAISY
STREET ADDRESS	8574 KIMBO ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	D
NAME	MORRIS, ROOSEVELT
STREET ADDRESS	420 MERLIN WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Billy Butler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____