2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000057281

1. Entity Name

THE "BUTLERS" DID IT! CATERING, INC.



FILED Apr 26, 2006 08:00 AN Secretary of State

CR2E034 (11/05)

Applied For

Principal Place of Business

Mailing Address

1100 94TH AVENUE NORTH ST PETERSBURG, FL 33702

115

P.O. BOX 1954

ST PETERSBURG, FL 33731-1954 US



No Chg-P

04232006

4. FEI Number

			•	59-345		Not Applicable
						\$8.75 Additional Fee Required
	6. Name and Address of Current Regis	tered Agent				
ENGLANDER & FISCHER, P.A. 721 FIRST AVENUE NORTH ST PETERSBURG, FL 33701			DO NOT WRITE IN THIS SPACE			
	named entily submits this statement for the plans of registered agent.					famillar with, and accept
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	d Agent signature re	quired when reinstating)	DATE	
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	noing	\$5.00 May Be Added to Fees	40000053501	
10.	OFFICERS AND DIRE	CTORS			US-708/06-85/054	-051_120*70
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BUTLER, REX E 8401 - 5TH STREET NORTH ST. PETERSBURG, FL 33702					
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NAME STREET ADDRESS CITY-ST-ZIP					NOT WRIT	
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NAME			I		•	
STREET ADDRESS City-St-Zip				e e e e e e e e e e e e e e e e e e e	en de la caractería de la calenda de la c	
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12. I horeby 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:

STREET ADDRESS City-St-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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