

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000075464

1. Entity Name
BUTCHER & BROD DEVELOPMENT COMPANY



Principal Place of Business
**3314 HENDERSON BLVD
SUITE 100
TAMPA, FL 33609**

Mailing Address
**P O BOX 18877
TAMPA, FL 33679**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3471468

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROD, SHERMAN M
3314 HENDERSON BLVD 100
TAMPA, FL 33609**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000135511
04/28/04-80062-019 158.75**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BUTCHER, ROBERT
STREET ADDRESS	511 EMMAS GROVE RD.
CITY - ST - ZIP	FLETCHER, NC 28732
TITLE	DST
NAME	BROD, SANDRA
STREET ADDRESS	403 S. WILLOW AVE., UNIT A
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	DV
NAME	BROD, SHERMAN
STREET ADDRESS	403 WILLOW AVE., UNIT A
CITY - ST - ZIP	TAMPA, FL 33606
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 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:

Sherman M. Brod / Sherman M. Brod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 (813) 874-7700

Date

Daytime Phone #