


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000068380 1. Entity Name BUTLER EXCAVATING AND LAND CLEARING, INC.	
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Principal Place of Business 2569 MCKINNON BRIDGE RD. PONCE DE LEON, FL 32455	Mailing Address 2569 MCKINNON BRIDGE RD. PONCE DE LEON, FL 32455
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FILED
A75875 OCT 14 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07052004 No Chg-P CR2E034 (10/03) 04

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4. FEI Number 59-3524565	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BUTLER, ALICIA
2569 MCKINNON BRIDGE RD.
PONCE DE LEON, FL 32455

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTLER, ALICIA 2569 MCKINNON BRIDGE RD. PONCE DE LEON, FL 32455
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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: Alicia Butler 10/13/04 (850) 951-1921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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