2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # P98000071029 Mar 01, 2006 08:00 AN 1. Entity Name **Secretary of State** E C BUTLER ENTERPRISES, INCORPORATED Principal Place of Business Mailing Address 7008 COUNTY LINE RD. P.O. BOX 908 MULBERRY FL 33860 MULBERRY FL 33860-0908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 91-1924427 Not Applicable Zip Country Ζip 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 BUTLER, EDWIN CURTIS Street Address (P.O. Box Number is Not Acceptable) 7008 COUNTY LINE RD. MULBERRY FL 33860 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME BUTLER, EDWIN CURTIS NAME 1100000452515 STREET ADDRESS 7008 COUNTY LINE RD. STREET ADDRESS 03/13/16 80001-023 150.00 CITY-ST-ZIP MULBERRY FL 33860 CITY-ST-ZIP TITLE D/V ☐ Delete TITLE Change ☐ Addition NAME BUTLER, ERANA JAN NAME STREET ADDRESS 7008 COUNTY LINE RD. STREET ADDRESS CITY-ST-ZIP MULBERRY FL 33860 CITY-ST-7IP TITLE ☐ Delete Change Change □ Addition NAME BUTLER, BERLIE COUNCIL NAME STREET ADDRESS 7008 COUNTY LINE RD. STREET ADDRESS CITY-ST-ZIP MULBERRY FL 33860 COY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP TITLE Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: BANA S. BUTLER 224-06 863-1044-7.

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.