


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000059601 1. Entity Name BUTLER RIDGE DEVELOPMENT, INC.	
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Principal Place of Business 557 N WYMORE RD STE 102 MAITLAND, FL 32751	Mailing Address 557 N WYMORE RD STE 102 MAITLAND, FL 32751
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03222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3587565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GALLIMORE, ELLSWORTH G 557 N WYMORE RD STE 102 MAITLAND, FL 32751

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALLIMORE, ELLSWORTH G 557 N WYMORE RD STE 102 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GALLIMORE, SHIRLEY P 557 N WYMORE RD STE 102 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WARD, LOUISE A 557 N WYMORE RD STE 102 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/09/06-80004-016 150.00

**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: *Louise A. Ward, Vice Pres.* 4/25/06 (407) 667-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #