

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000059601**

1. Entity Name  
**BUTLER RIDGE DEVELOPMENT, INC.**



Principal Place of Business

**557 N WYMORE RD  
STE 102  
MAITLAND, FL 32751**

Mailing Address

**557 N WYMORE RD  
STE 102  
MAITLAND, FL 32751**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3587565**

Applied For  
Not Applicable

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**000000655391  
03/14/07-80007-024 150.00**

10. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | DP                      |
| NAME           | GALLIMORE, ELLSWORTH G  |
| STREET ADDRESS | 557 N WYMORE RD STE 102 |
| CITY-ST-ZIP    | MAITLAND, FL 32751      |
| TITLE          | DV                      |
| NAME           | GALLIMORE, SHIRLEY P    |
| STREET ADDRESS | 557 N WYMORE RD STE 102 |
| CITY-ST-ZIP    | MAITLAND, FL 32751      |
| TITLE          | VS                      |
| NAME           | WARD, LOUISE A          |
| STREET ADDRESS | 557 N WYMORE RD STE 102 |
| CITY-ST-ZIP    | MAITLAND, FL 32751      |
| 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Louise A. Ward**

**3/1/2007 (407) 667-0100**  
Date Daytime Phone #