

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2008 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**

DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	

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05/12/08-80017-010 150.00

**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, V. Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Louise A. Ward, Vice President

April 21, 2008

Date

(407) 667-0100

Daytime Phone #