

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085839

Entity Name: BUTLER & ASSOCIATES, INC.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 282
DCOTORS INLET, FL 32030

New Principal Place of Business:

91 BRANSCOMB ROAD
EDGESEN OFFICE PARK SUITE 1
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

P.O. BOX 30282
DCOTORS INLET, FL 32030

New Mailing Address:

P.O. BOX 30282
DOCTORS INLET, FL 32030

FEI Number: 59-3608453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUTLER, DAVID
668 LAKE ASBURY DR.
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUTLER, DAVID
Address: PO BOX 30282
City-St-Zip: DCOTORS INLET, FL 32030

Title: TSD () Delete
Name: BUTLER, GAIL
Address: PO BOX 30282
City-St-Zip: DCOTORS INLET, FL 32030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. BUTLER

PRES

01/08/2007

Electronic Signature of Signing Officer or Director

Date