

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

DOCUMENT # V16369

1. Entity Name

THE BUTLER GROUP OF CENTRAL FLORIDA, INC.



04 APR 22 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66415726

Principal Place of Business

4807 GEORGIA AVE
WEST PALM BEACH, FL 33405

Mailing Address

4807 GEORGIA AVE
WEST PALM BEACH, FL 33405

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P. CR2E034 (10/03)

4. FEI Number

65-0316469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, KEVIN
4807 GEORGIA AVE
WEST PALM BEACH, FL 33405

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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, 2004-Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUTLER, JOHN P JR
STREET ADDRESS	4807 GEORGIA AVE
CITY-ST-ZIP	WEST PALM BCH, FL
TITLE	D
NAME	BUTLER, KEVIN
STREET ADDRESS	4807 GEORGIA AVE
CITY-ST-ZIP	WEST PALM BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400033801994
04/26/04--01010--026 **350.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #