

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG 16 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

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| | |
|---|--|
| DOCUMENT # P02000045927 1. Entity Name B.A. M-BUTLER, INC. | |
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|---|---|
| Principal Place of Business 3425 WESTWOOD DR TITUSVILLE, FL 32796 | Mailing Address 3425 WESTWOOD DR TITUSVILLE, FL 32796 |
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|--|---|
| 2. Principal Place of Business - No P.O. Box # <i>2765 S.E. Grand Drive</i> | 3. Mailing Address <i>2765 Grand Drive</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---|---|
| City & State <i>Port St. Lucie Florida</i> | City & State <i>Port St. Lucie Florida</i> |
| Zip <i>34952</i> | Zip <i>34952</i> |
| Country <i>USA</i> | Country <i>USA</i> |



07122007 Chg-P CR2E034 (12/06)

8. Name and Address of Current Registered Agent

M-BUTLER, BARBARA A
 2190 S W TRENTON LANE
 PORT ST. LUCIE, FL 34984

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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 registering) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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 | PSTD M-BUTLER, BARBARA A 2190 S W TRENTON LANE PORT ST. LUCIE, FL 34984 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Barbara A M-Butler* July 16, 2007 772-335-4906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
4706

Aug. 16, 2007

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Florida State Dept.
Division of Corporation

Upon notification of annual report late fee due, - I am requesting a waive of late fee.

Annual letter was not received - All of B A M-B ^{utter} Inc. mail, mailed to 2190 S.W. Trenton Dr Port St. Lucia had been diverted to another address due to ^{the} 54984 ~~the~~ reason of death of my Mother (as that was her home in Trenton). I did not receive anything until July 1-07 at the Titusville address, where upon it was sent to me at 2765 S.E. Grand Avenue Port St. Lucia Fla.

I would gratefully appreciate a waive of late fee.

Respectfully yours
B A M-B ^{utter} Inc
Barbara A M. Buder
2789 S.E. Grand Drive
Port St. Lucia Fla. 34952