

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F64887

**FILED**  
**Jan 17, 2014**  
**Secretary of State**  
**CC3965374866**

**Entity Name:** THE LAW FIRM OF JAMES T. BUTLER, P.A.

**Current Principal Place of Business:**

201 N. FRANKLIN ST., 28TH FL.,  
SUITE 2880  
TAMPA, FL 33602

**Current Mailing Address:**

201 N. FRANKLIN ST., 28TH FL.  
SUITE 2880  
TAMPA, FL 33602

**FEI Number:** 59-2152052

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUTLER, JAMES T.  
201 N.FRANKLIN STREET  
SUITE 2880  
TAMPA, FL 33602 US

*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

**Officer/Director Detail :**

Title            PST  
Name            BUTLER, JAMES T.  
Address        201 N. FRANKLIN ST., 28TH FL., STE  
                  2880  
City-State-Zip: TAMPA FL 33602

Title            D  
Name            BUTLER , JAMES T.  
Address        201 N. FRANKLIN ST., 28TH FL., STE  
                  2880  
City-State-Zip: TAMPA FL 33602

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMES T. BUTLER

PST

01/17/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date