



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000083595 1. Entity Name B-4, INC.	
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Principal Place of Business 269 BUTLER DAIRY RD LORIDA, FL 33857 US	Mailing Address 193 RIVER LANE LORIDA, FL 33857 US
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DO NOT WRITE IN THIS SPACE

	
03182008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 65-0708919	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

BUTLER, ROGER P.
193 RIVER LANE
LORIDA, FL 33857

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BUTLER, ZOE T 193 RIVER LANE LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTLER, RYAN C 193 RIVER LANE LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTLER, ZOE T 193 RIVER LANE LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTLER, ROGER P 193 RIVER LANE LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04709708-80115-013 150.00

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: Zoe J. Butler Zoe T. Butler 3-24-08 863-467-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #