


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # 506423 1. Entity Name DOUG MILNE COMPANY, INC.	
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Principal Place of Business 4595 LEXINGTON AVE SUITE 400 JACKSONVILLE, FL 32210	Mailing Address 4595 LEXINGTON AVE SUITE 400 JACKSONVILLE, FL 32210
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03172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1691862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MILNE, DOUGLAS J  
4595 LEXINGTON AVE.  
JACKSONVILLE, FL 32210

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000944062  
05/29/08-80085-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILNE, DOUGLAS J 4595 LEXINGTON AV JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WELLS, MARIE 4595 LEXINGTON AV JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILNE, JACK F 4595 LEXINGTON AV JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVANS, WM H 4595 LEXINGTON AV JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Marie Wells - MARIE WELLS 4/30/08 904-387-6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #