
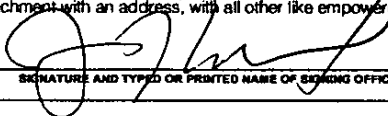


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90040 006 ***158.75

DOCUMENT # 832102					
1. Entity Name R.T. MILORD CO.					
Principal Place of Business 9801 S. INDUSTRIAL DRIVE BRIDGEVIEW, IL 60455			Mailing Address 9801 S. INDUSTRIAL DRIVE BRIDGEVIEW, IL 60455		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILORD, WILLIAM J 3600 S CONGRESS AVE SUITE 1 BOYNTON BCH., FL 33426				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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILORD, JEROME	NAME			
STREET ADDRESS	3600 S CONGRESS AVE I	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH., FL	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILORD, PAUL J	NAME			
STREET ADDRESS	9801 S INDUSTRIAL DR	STREET ADDRESS			
CITY-ST-ZIP	BRIDGEVIEW, IL 00000,	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILORD, WILLIAM J	NAME			
STREET ADDRESS	3600 S CONGRESS AVE I	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL	CITY-ST-ZIP			
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILORD, KEVIN T.	NAME			
STREET ADDRESS	9801 SO. INDUSTRIAL DR.	STREET ADDRESS			
CITY-ST-ZIP	BRIDGEVIEW, IL	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, MICHAEL R	NAME			
STREET ADDRESS	9801 S INDUSTRIAL DRIVE	STREET ADDRESS			
CITY-ST-ZIP	BRIDGEVIEW, IL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILORD, PHILIP J	NAME			
STREET ADDRESS	9801 S INDUSTRIAL DRIVE	STREET ADDRESS			
CITY-ST-ZIP	BRIDGEVIEW, IL	CITY-ST-ZIP			
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: 		1/18/06		708-59867900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	