2004 FOR PROFIT CORPORATION

Feb 09, 2004 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P03000012223 02-09-2004 90062 021 ***150.00 MILLWOOD TERRACE, INC. 94012655 Principal Place of Business Mailing Address 220 W GARDEN ST. SUNTRUST TOWER 9TH FLOOR ... 220 W GARDEN ST. SUNTRUST TOWER 9TH FLOOR PENSACOLA, FL 32501 PENSACOLA, FL-32501 2. Principal Place of Business Mailing Address PO BOX 62519 7271 GRASHIO Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 CR2E034 (10/03) Cha-P 4. FEI Number · City & State Applied For City & State SPR/NGS COLORADO COLORADO SPRINGS 55-0818124 Not Applicable 80962 Zip Country \$8.75 Additional 5. Certificate of Status Desired 80920 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOSHA JA. CHARLES WESTMORELAND, J. COFTON 220 W GARDEN ST, SUNTRUST TOWER 9TH FLOOR PENSACOLA FL 32501 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. the obligations of registered agent. PRESIDEA E. 9.- Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Change Addition THIE TITLE FOSHA, CHARLES E JR NAME STREET ADDRESS 7271 GRASHIO DR STREET ADDRESS CITY-ST-ZIP COLORADO SPRINGS, CO 80920 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TIDE... ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLÉ ☐ Delete TITLE Change ☐ Addition NAME J. . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 if changed, or on an attachment with an address, with all other like empowered.

FOSHA

Date

Æ,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES

SIGNATURE:

FILED