

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90025 021 ***150.00

DOCUMENT # P05000122088		
1. Entity Name MILNER'S, INC.		

Principal Place of Business 1228 CROFTWOOD DRIVE MELBOURNE, FL 32935	Mailing Address 1228 CROFTWOOD DRIVE MELBOURNE, FL 32935
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2. Principal Place of Business - No P.O. Box # 4925 Smithfield Rd Suite, Apt. #, etc.	3. Mailing Address 4925 Smithfield Rd Suite, Apt. #, etc.
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City & State Melbourne FL Zip 32934 Country USA	City & State Melbourne FL Zip 32934 Country USA
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02062008 Chg-P CR2E034 (12/06)

4. FEI Number 20-3460801	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILNER, BELINDA 4925 Smithfield Rd. Melbourne FL 32934	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: <u>Belinda Milner</u> Signature, typed or printed name of registered agent and title if applicable.	DATE: <u>2/9/08</u> (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. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MILNER, MANUEL K 4925 Smithfield Rd Melbourne FL 32934 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN, JEFFREY 1229 AZALEA CT WEST MELBOURNE, FL 32935 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MULLINS, JERRY 100 NORTH HARBOR CITY BLVD #131 MELBOURNE, FL 32935 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.	
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SIGNATURE: <u>Manuel K Milner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>2/8/08</u>	Daytime Phone #: <u>321-508-0872</u>
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