


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90023 022 \*\*\*150.00

**DOCUMENT # P07000001735**

1. Entity Name  
**SVEN MILBERG, P.A.**



Principal Place of Business      Mailing Address  
**16716 CROWNSBURY WAY**      **16716 CROWNSBURY WAY**  
**FORT MYERS, FL 33908**      **FORT MYERS, FL 33908**

2. Principal Place of Business - No P.O. Box #      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**

**MILBERG, SVEN**  
**16716 CROWNSBURY WAY**  
**FORT MYERS, FL 33908**



04212008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

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.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MILBERG, SVEN</b> <b>16716 CROWNSBURY WAY</b> <b>FORT MYERS, FL 33908</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Sven Milberg SVEN MILBERG      04-21-2008      (239) 541-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #