


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 195018 1. Entity Name MILNE FAMILY COMPANIES, INC.	
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Principal Place of Business P.O. BOX 14377 JACKSONVILLE, FL 32238 US	Mailing Address P.O. BOX 14377 JACKSONVILLE, FL 32238 US
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04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0775227	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILNE, DOUGLAS J. 4595 LEXINGTON AV JACKSONVILLE, FL 32210	DO NOT WRITE IN THIS SPACE
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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 _____ (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. ☐ **\$5.00** May Be Added to Fees

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

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05/11/06-80054-003 150.00

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

4-28-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #