


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 216280 1. Entity Name FLORIDA STORES OF MILTON INC	
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Principal Place of Business 6715 HWY 90 MILTON, FL 32570 US	Mailing Address 6715 CAROLINE ST. MILTON, FL 32570 US
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04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0856104	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SMITH, JAMES D 10644 OWLS NEST RD HOLT, FL 32564
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SMITH, JAMES D 10644 OWLS NEST RD HOLT, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SMITH, TIMOTHY D. P.O. BOX 826 BAGDAD, FL 32530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DONNA R. 10644 OWLS NEST RD HOLT, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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: <u>James D. Smith Pres</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4-26-06</u> <small>Date</small>	Daytime Phone # <u>850-623-6651</u> <small>Daytime Phone #</small>