2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #392528

Entity Name

Principal Place of Business

HOLLYWOOD, FL 33020

2150 TYLER STREET

MILLIGAN PROPERTIES, INC.

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Mailing Address

2150 TYLER STREET HOLLYWOOD, FL 33020 FILED Apr 07, 2008 08:00 All Secretary of State



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04012008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-1446757 Not Applicable

5. Certificate of Status Desired S8.75 Additional

6. Name and Address of Current Registered Agent

MILLIGAN, HORACE C III 2150 TYLER STREET HOLLYWOOD, FL 33020 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATF,

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 000000883325 04/16/08-80077-001 150.00

10. OFFICERS AND DIRECTORS TITLE MILLIGAN, HORACE C III NAME STREET ADDRESS 2150 TYLER STREET CITY-ST-ZIP HOLLYWOOD, FL 33020 THLE NAME MILLIGAN, AMERICAN A 2110 TYLER ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby 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 all address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08 954-801-6842

Daytime Phone #