## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 02, 2007 08:00 AM Secretary of State **DOCUMENT # 446190** 1. Entity Namo MILPAPCO, INC. Principal Place of Business Mailing Address 425 NO LEE STREET P.O. BOX 41295 JACKSONVILLE FL 32203-1295 JACKSONVILLE FL 32204 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 59-1575311 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAPPAS, TED P. 425 NO LEE STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32204 City Zip Code 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 appointable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HITE ☐ Detete ma Change MILNE (DOUGLAS J.) NAME NAME 4595 LEXINGTON AVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-71P CHY-SI-7IP DHE Delete Change Addition PAPPAS, TED P. NAME NAME **425 NO LEE STREET** STHEET ADDRESS STREET ADDRESS U00000686054 JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP n4/09/07-80030-012 150.00 THE Delete 100 NAME NAML STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Defete THEE. ☐ Change ■ Addition NAME NAME STREET ADDRESS STRUFT ADDRESS CITY-ST-ZIP CITY - ST-ZIP Delete TITLE Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZiP CITY-ST-ZIP IIIII Defete DILL Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

IGNATURE AND LYPED OR DENVE ON AME OF

Ted P Pappas

3/29/2007

904-598-0084

FILED

Daytime Phone 3