

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506423

FILED  
Apr 29, 2010  
Secretary of State

Entity Name: DOUG MILNE COMPANY, INC.

**Current Principal Place of Business:**

4595 LEXINGTON AVE  
SUITE 400  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4595 LEXINGTON AVE  
SUITE 400  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 59-1691862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILNE, DOUGLAS J  
4595 LEXINGTON AVE.  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MILNE, DOUGLAS J  
Address: 4595 LEXINGTON AV  
City-St-Zip: JACKSONVILLE, FL

Title: ST  
Name: WELLS, MARIE  
Address: 4595 LEXINGTON AV  
City-St-Zip: JACKSONVILLE, FL

Title: VD  
Name: MILNE, JACK F  
Address: 4595 LEXINGTON AV  
City-St-Zip: JACKSONVILLE, FL

Title: V  
Name: EVANS, WM H  
Address: 4595 LEXINGTON AV  
City-St-Zip: JACKSONVILLE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIE WELLS

ST

04/29/2010

Electronic Signature of Signing Officer or Director

Date