

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 582600

1. Entity Name
MILTON'S SERVICE STATION, INC.



Principal Place of Business
404 N FEDERAL HWY
BOYNTON BEACH, FL 33435 US

Mailing Address
404 N FEDERAL HWY
BOYNTON BEACH, FL 33435 US



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1838735

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

APOSTOLOPOULOS, MILTON
163 DUKE DR.
LAKE WORTH, FL 33409

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME APOSTOLOPOULOS, MILTIADIS
STREET ADDRESS 163 DUKE DR.
CITY - ST - ZIP LAKE WORTH, FL

TITLE VD
NAME APOSTOLOPOULOS, ARGIRY
STREET ADDRESS 163 DUKE DR.
CITY - ST - ZIP LAKE WORTH, FL

TITLE SD
NAME APOSTOLOPOULOS, IRENE
STREET ADDRESS 5705 SO OLIVE AVENUE
CITY - ST - ZIP W. PALM BEACH, FL

TITLE TD
NAME APOSTOLOPOULOS, ROUBINA
STREET ADDRESS 183 HARVARD DRIVE
CITY - ST - ZIP LAKE WORTH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000008199
01/20/04-80054-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #