

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 582600</b>	
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
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1838735	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  APOSTOLOPOULOS, MILTON 163 DUKE DR. LAKE WORTH, FL 33409	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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	PD APOSTOLOPOULOS, MILTIADIS 163 DUKE DR. LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD APOSTOLOPOULOS, ARGIRY 163 DUKE DR. LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD APOSTOLOPOULOS, IRENE 5705 SO OLIVE AVENUE W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD APOSTOLOPOULOS, ROUBINA 183 HARVARD DRIVE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **1.19.05** **(561) 7375195**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #