2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 582600

Entity Name: MILTON'S SERVICE STATION, INC.

Current Principal Place of Business:

404 N FEDERAL HWY
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

404 N FEDERAL HWY
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 59-1838735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APOSTOLOPOULOS, MILTON
163 DUKE DR.
LAKE WORTH, FL 33409 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 ( ) Delete
Name: APOSTOLPOULOS, MILTIADIS
Address: 163 DUKE DR.
City-St-Zip: LAKE WORTH, FL

Title: VD ( ) Delete
Name: APOSTOLOPOULOS, ARGIRY
Address: 163 DUKE DR.
City-St-Zip: LAKE WORTH, FL

Title: SD ( ) Delete
Name: APOSTOLOPOULOS, IRENE
Address: 5705 SO OLIVE AVENUE
City-St-Zip: W. PALM BEACH, FL

Title: TD ( ) Delete
Name: APOSTOLOPOULOS, ROUBINA
Address: 183 HARVARD DRIVE
City-St-Zip: LAKE WORTH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IRENE APOSTOLOPOULOS SD 04/30/2009

Electronic Signature of Signing Officer or Director — Date