


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90349 001 \*\*\*750.00

**DOCUMENT # 652907**

1. Entity Name  
**MILNE & BUCKINGHAM, P.A.**



Principal Place of Business  
**4595 LEXINGTON AVENUE  
 JACKSONVILLE, FL 32210**

Mailing Address  
**4595 LEXINGTON AVE.  
 JACKSONVILLE, FL 32210**



04062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2037329**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MILNE, DOUGLAS J  
 4595 LEXINGTON AVENUE  
 JACKSONVILLE, FL 32210**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MILNE, DOUGLAS J 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DS MILNE 4/25/07 904.387.5407

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

DOUG MILNE /4595 Lexington Ave Jacksonville, FL 32210 (904) 387.5400.FX 384.8215

ATTACHMENT

Email: doug@milnecorp.com

To: Secretary of State # 652907 6601A951 4/25/07  
(Date)

Re: Annual Reports

Enclosed:

Annual Reports for: ① Avondale Properties 59-1631079  
② North Florida Property Interests, Inc 20-3357581 ③ South  
Nassau Land Interests, Inc 20-3257614 ④ ST Johns Agency,  
Inc 74-3071271 ⑤ Midway + Buckingham, PA 59-2037329  
On check for \$750, total fees.

Thank you,

D. Milne

Copies to: