

**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 _____

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, 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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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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 **DS MILNE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

904.387.5407

Daytime Phone #

DOUG MILNE /4595 Lexington Ave Jacksonville, FL 32210 (904) 387.5400.FX 384.8215
ATTACHMENT
6601A951
Email: doug@milnecorp.com

To: Secretary of State # 652907 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

Plus check for \$750, total fees.

Thank you,

D. Milne

Copies to: