

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90027 031 \*\*\*150.00

<b>DOCUMENT # 677623</b> 1. Entity Name <b>MILLIGAN WOOD PRODUCTS, INC.</b>																																													
Principal Place of Business <b>1898 SAWMILL ROAD</b> <b>MILLIGAN, FL 32537 US</b>			Mailing Address <b>PO BOX 250</b> <b>BAKER, FL 32531 US</b>																																										
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																										
City & State			City & State																																										
Zip		Country		Zip																																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																									
6. Name and Address of Current Registered Agent  <b>FLEMING, LEON PAUL</b> <b>1898 SAWMILL ROAD</b> <b>MILLIGAN, FL 32537</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																									
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 registering) _____ DATE _____																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. Officers and Directors																																									
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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.																																													
<b>SIGNATURE:</b> <u><i>Leon Paul Fleming</i></u> <b>President</b> <u><i>3/31/08</i></u> <u><i>850-692-9701</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Defunct Phone #</small>																																													