

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F03976

1. Entity Name

MILLWARD AND COMPANY, INC.



Principal Place of Business

2745 W CYPRESS CREEK ROAD
FT. LAUDERDALE, FL 33309-1757 US

Mailing Address

2745 W CYPRESS CREEK ROAD
FT. LAUDERDALE, FL 33309-1757 US



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2039781

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLWARD, WILLIAM I. H., C.P.A.
2745 W CYPRESS CREEK ROAD
FT. LAUDERDALE, FL 3309--1757

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLWARD, WILLIAM I.H.
STREET ADDRESS	1401 ROYAL PALM WAY
CITY-STATE-ZIP	BOCA RATON, FL
TITLE	SD
NAME	DI CRESCENZO, RONALD A.
STREET ADDRESS	3711 N EN 27TH AVE.
CITY-STATE-ZIP	LIGHTHOUSE POINT, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000152004
05/04/04-80069-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

4/30/04