2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State
06-06-2005 90001 012 ***550.00

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1. Entity Name
MILTON PATE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
SUITE 280 DRUID CHASE 2801 BUFORD HIGHWAY ATLANTA, GA 30329-2104	SUITE 280 DRUID CHASE 2801 BUFORD HIGHWAY ATLANTA, GA 30329-2104

66023320

01072005 No Chg-P CR2E034 (10/03)

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4. FEI Number
58-1079454
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL. 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	PATE, MILTON E SR/AIA
STREET ADDRESS	SUITE 280 DRUID CHASE 2801 BUFORD HIGHWAY
CITY-ST-ZIP	ATLANTA, GA 303292104
TITLE	S
NAME	PATE, MILTON E JR
STREET ADDRESS	SUITE 280 DRUID CHASE 2801 BUFORD HIGHWAY
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TITLE	T
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT ERROR CORRECTED 02/24/06, AD