2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # F98000000139

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

DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

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

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 _____ 4.25.07
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	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
CITY-ST-ZIP	ATLANTA, GA 303292104
TITLE	T
NAME	PATE, MILTON E JR
STREET ADDRESS	SUITE 280 DRUID CHASE 2801 BUFORD HIGHWAY
CITY-ST-ZIP	ATLANTA, GA 303292104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000737236
05/11/07-80020-001 150.00

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: _____ 4.25.07 404.633.4586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #