

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # J56699

1. Entity Name
MILTON LAWN & GARDEN EQUIPMENT, INC.



Principal Place of Business

4564 CHUMUCKLA HWY.
PACE, FL 32571 US

Mailing Address

4564 CHUMUCKLA HWY.
PACE, FL 32571 US



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2763168

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOUTWELL, BOBBY A.
3525 HWY 4 WEST
P.O. BOX 338
JAY, FL 32565

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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 file if applicable

(NOTE: Registered Agent signature required when releasing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fee

000000643320
03/01/07-80081-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BOUTWELL, D. LAVON
12500 HWY 89
JAY, FL 32565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BOUTWELL, BOBBY A.
3525 HWY 4 WEST
JAY, FL 32565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOUTWELL, BILLY R.
3800 GREENWOOD RD
JAY, FL 32565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-15-07 251-867-7882