

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # J62100

1. Entity Name
MILTEC MACHINING, INC.



Principal Place of Business
**9351 HAMMAN AVE
PENSACOLA, FL 32514 US**

Mailing Address
**9351 HAMMAN AVE
PENSACOLA, FL 32514 US**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2801639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILSON, JOHN T.
2355 SUGARTREE AVE
PENSACOLA, FL 32503**

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILSON, JUANITA G DP
STREET ADDRESS	200 PENSACOLA BCH RD #E3
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	DS
NAME	WILSON, JOHN T
STREET ADDRESS	2355 SUGARTREE AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	DV
NAME	WILSON, ROBERT E DV
STREET ADDRESS	3311 SUGARTREE AVE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	DT
NAME	WILSON, JOHN H DT
STREET ADDRESS	200 PENSACOLA BEACH RD #E-3
CITY-ST-ZIP	GULF BREEZE, FL 325614844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000785473
01/17/08-80002-008 150.00

**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: Juanita Wilson, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/08 850-477-3211

Date Daytime Phone #