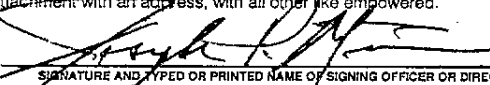


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L37042 1. Entity Name MILTON, LEACH, WHITMAN, D'ANDREA, CHAREK & MILTON, P.A.			
Principal Place of Business 815 S MAIN ST. SUITE 200 JACKSONVILLE, FL 32202		Mailing Address % JOSEPH P. MILTON 1660 PRUDENTIAL DRIVE, SUITE 200 JACKSONVILLE, FL 32207	
DO NOT WRITE IN THIS SPACE			
			
		02162004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2982949	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MILTON, JOSEPH P 815 S. MAIN ST., STE. 200 JACKSONVILLE, FL 32207		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 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	U000000060078 02/23/04-80026-001 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILTON, JOSEPH P 4655 CORRIENTES CIR N JACKSONVILLE, FL 32217		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEACH, ERIC L 2950 HERITAGE TRAIL JACKSONVILLE, FL 32217		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V D'ANDREA, JAMES L 4808 OTTER CREEK LANE PONTE VEDRA BEACH, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WHITMAN, JOSHUA A 3660 CATHEDRAL COVE ROAD JACKSONVILLE, FL 32217		
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 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: 		Joseph P. Milton 2/17/04 904-346-3800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #