

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
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
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02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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	
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**DO NOT WRITE
IN THIS SPACE**

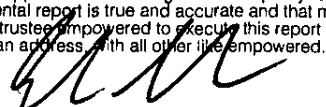
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	DATE _____ (NOTE: Registered Agent signature required when reinstating)

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
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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	

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IN THIS SPACE**

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02/20/07-80049-023 150.00

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:  Eric Leach	Date 2-8-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	