2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L37042

1. Entity Name
MILTON, LEACH, WHITMAN. D'ANDREA, CHAREK & MILTON, P.A.

Principal Place of Business	Mailing Address
815 S MAIN ST. SUITE 200 JACKSONVILLE, FL 32202	% JOSEPH P. MILTON 1660 PRUDENTIAL DRIVE, SUITE 200 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000790120
01/23/08-80021-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILTON, JOSEPH P
STREET ADDRESS	4655 CORRIENTES CIR N
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	V
NAME	LEACH, ERIC L
STREET ADDRESS	2950 HERITAGE TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	V
NAME	D'ANDREA, JAMES L
STREET ADDRESS	4808 OTTER CREEK LANE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	V
NAME	WHTIMAN, JOSHUA A
STREET ADDRESS	3660 CATHEDRAL COVE ROAD
CITY-ST-ZIP	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 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: _____ 01-10-08 904 396 3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #