## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L37042

FILED Apr 22, 2009 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:			
815 S MAII	N ST.						
SUITE 200		10					
	VILLE, FL 3220						
Current Mailing Address:				New Mailing Address:			
% JOSEPH P. MILTON 1660 PRUDENTIAL DRIVE, SUITE 200 JACKSONVILLE, FL 32207				815 S MAIN ST. SUITE 200 JACKSONVILLE, FL 32202			
FEI Number: 59-2982949 FEI Number Applied For ( ) FEI Number				mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of Cu	urrent Registered Agent:		Name and	Address of N	New Registered Age	ent:
	IOSEPH P IN ST., STE. 20 VILLE, FL 3220						
	named entity so e of Florida.	ubmits this statement for the pu	ırpose o	f changing it	ts registered o	office or registered ag	ent, or both,
SIGNATUF	RE:						
		c Signature of Registered Ager	nt			Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () I MILTON, JOSEP 4655 CORRIENT JACKSONVILLE,	ES CIR N		Title: Name: Address: City-St-Zip:	( )	) Change()Addition	
Title: Name: Address: City-St-Zip:	V () I LEACH, ERIC L 2950 HERITAGE JACKSONVILLE,			Title: Name: Address: City-St-Zip:	V (X LEACH, ERIC L 2755 BEAUCLE JACKSONVILLI	ERC ROAD	
Title: Name: Address: City-St-Zip:	V () I D'ANDREA, JAM 4808 OTTER CR PONTE VEDRA I	EEK LANE		Title: Name: Address: City-St-Zip:	V (X D'ANDREA, JAI 10122 WINDW JACKSONVILLI	'ARD WAY N.	
Title: Name: Address: City-St-Zip:	V () I WHTIMAN, JOSH 3660 CATHEDRA JACKSONVILLE	HUA A AL COVE ROAD		Title: Name: Address: City-St-Zip:	( )	) Change()Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	V () MILTON, MICH. 1314 MORVEN JACKSONVILLI	IWOOD RD.	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH P. MILTON D 04/22/2009