## 2007 FOR PROFIT CORPORATION

## Apr 09, 2007 8:00 am Secretary of State ANNUAL REPORT 04-09-2007 90055 009 \*\*\*150 00 DOCUMENT # P00000112421 MILITELLO PROPERTY MANAGEMENT INC. Principal Place of Business Mailing Address 1975 OLD MOULTRIE RD. 1975 OLD MOULTRIE RD. ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32086 No Chg-P CR2E034 (11/05) 02142007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3688329 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALL, CHARLES E JR DO NOT WRITE 77 ALMERIA ST. ST. AUGUSTINE, FL 32084 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MILITELLO, JAMES S 206 REDFISH CREEK DR. STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE, FL 32095 TITLE MILITELLO, ELAINE E NAME STREET ADDRESS 260 REDFISH CREEK DR. CITY-ST-ZIP ST. AUGUSTINE, FL. 32095 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 appraise 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 of tristee empoyered to appear this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the corporation of the and that my name appears in Block 10 or Block 11 if

**SIGNATURE** 

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Dale

**FILED**