


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000069715		
1. Entity Name MILE MARKER 30, INC.		

Principal Place of Business 29943 OVERSEAS HWY. BIG PINE KEY, FL 33043	Mailing Address PO BOX 430703 BIG PINE KEY, FL 33043
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01122006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1121984

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LITTRIello, JOHN 1606 PINE CHANNEL DR LITTLE TOCH KEY, FL 33042		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITTRIello, JOHN 1606 PINE CHANNEL DR LITTLE TORCH KEY, FL 33042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000509398 04/28/06-80043-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, CHRISTINA C 1606 PINE CHANNEL DR LITTLE TORCH KEY, FL 33042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John Littriello* 4/12/06 305-872-2790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #