

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080555

FILED
Apr 11, 2004
Secretary of State

Entity Name: MILTON INSURANCE GROUP, INC.

Current Principal Place of Business:

11730 NW 12TH STREET
PEMBROKE PINES, FL 33026

New Principal Place of Business:

945 S. W. 131 WAY
DAVIE, FL 33325

Current Mailing Address:

11730 NW 12TH STREET
PEMBROKE PINES, FL 33026

New Mailing Address:

945 S. W. 131 WAY
DAVIE, FL 33325

FEI Number: 65-1134826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAIGHT, PATRICIA A
945 S.W. 131 WAY
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

WILEY, PATRICIA A
945 S.W. 131 WAY
DAVIE, FL 33325 US

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.

SIGNATURE: PATRICIA A. WILEY

04/11/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STRAIGHT, PATRICIA A
Address: 11730 NW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: HIDALGO, EDDY C
Address: 11730 N. W. 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: STRAIGHT, PATRICIA A
Address: 11730 N. W. 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: STRAIGHT, PATRICIA A
Address: 11730 N. W. 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: STRAGITH, PATRICIA A
Address: 11730 N. W. 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: STRAIGHT, PATRICIA A
Address: 11730 N. W. 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILEY, PATRICIA A
Address: 945 S. W. 131 WAY
City-St-Zip: DAVIE, FL 33325

Title: D (X) Change () Addition
Name: HIDALGO, EDDY C
Address: 945 S. W. 131 WAY
City-St-Zip: DAVIE, FL 33325

Title: D (X) Change () Addition
Name: WILEY, PATRICIA A
Address: 945 S. W. 131 WAY
City-St-Zip: DAVIE, FL 33325

Title: D (X) Change () Addition
Name: WILEY, PATRICIA A
Address: 945 S. W. 131 WAY
City-St-Zip: DAVIE, FL 33325

Title: D (X) Change () Addition
Name: WILEY, PATRICIA A
Address: 945 S. W. 131 WAY
City-St-Zip: DAVIE, FL 33325

Title: D (X) Change () Addition
Name: WILEY, PATRICIA A
Address: 945 S. W. 131 WAY
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA A. WILEY

D

04/11/2004

Electronic Signature of Signing Officer or Director

Date