05-03-2004 90411 004 ***150.00
07-06-2004 90004 024 ****61.25
P02000030071
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL -9 PM 1:44

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2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000030071

1. Entity Name
MILCOMM INC.

Principal Place of Business
~~4315 COLONIAL CIRCLE~~
~~SUITE B~~
~~BRADENTON, FL 34208~~

Mailing Address
~~P.O. BOX 992~~
~~ELLENTON, FL 34222~~

06232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 2021 7th Avenue Drive East
Suite, Apt. #, etc.
City & State: Bradenton, Florida
Zip: 34208 Country: USA

3. Mailing Address: same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 01-0633670 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~MILLER, SHAKIR S~~
~~4315 COLONIAL CIRCLE~~
~~SUITE B~~
~~BRADENTON, FL 34208~~

7. Name and Address of New Registered Agent
Name: NELSON DAMON CROSBY
Street Address (P.O. Box Number is Not Acceptable): 2021 7th Avenue Drive East
City: Bradenton, FL Zip Code: 34208

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: *Nelson D Crosby* DATE: 7/2/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

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 MILLER, SHAKIR S 4315 COLONIAL CIRCLE SUITE B BRADENTON, FL 34208	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T/D NELSON DAMON CROSBY 2021 7th Avenue Drive East Bradenton, Florida 34208	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Nelson D Crosby president* Date: 7/2/04 Daytime Phone #: 941-345-6582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

719aw