

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90045 027 ***150.00

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1. Entity Name
MILOUST CORPORATION



Principal Place of Business
**2316 NW 15 CT
FT LAUDERDALE, FL 33311**

Mailing Address
**2316 NW 15 CT
FT LAUDERDALE, FL 33311**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number **20-2255852**
APPLIED FOR

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FOUST, MILO
2316 NW 15 CT
FT LAUDERDALE, FL 33311**

Name **MILO FOUST**
Street Address (P.O. Box Number is Not Acceptable)
**7797 N. UNIVERSITY DR
STE 103
TAMARAC FL 33391**

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 date (applicable)

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D FOUST, MILO 2316 NW 15 CT FT LAUDERDALE, FL 33311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Milo Foust

3/18/05

540-6580