2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2004 8:00 am Secretary of State

DOCUMENT # P03000043561 1. Entity Name MVMILNER SALES INC.								01-26-2004 90063 014 ***150.00					
Principal Place of Business 5022 46TH ST W BRADENTON, FL 34210				Mailing Address 5022 46TH ST W BRADENTON, FL 34210									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			\neg	01062004	Chg-P	CR2E	034 (10/03)		
City & State				City & Stale			•	4. FEI Numbe	85048	•		oplied For of Applicable	
Zip	Country			Zip Cou		ntry	y 5. Certi		of Status Desired	, 0	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						Name		7. Name and	Address of New	/ Registered	Agent		
MILNER, MARK V 5022 46TH ST W BRADENTON, FL 34210						Street Addres	ess (P.0	O. Box Numbe	r s Not Accepta	ble)			
2,0,02,11	W11,1 12 1			-		City				FI	Zip Cod	le	
8. The above the obligat	named enti tions of regis	ty submits this stat itered agent.	ement for the p	purpose of changing it	s register	red office or regis	istered	i agent, or bot	n, in the State of		1	and accept	
SIGNATURE.	Signature, types	dicriprinted name of regist	ered agent and the	if applicable. (NO	TE: flogister	ad Agent signature requ	quired wit	on roinstating)		DATE	 		
FIL After M:	E NOW!!! ay 1, 200	FEE IS \$150 4 Fee will be	.00 \$550.00	9. Election Campa Trust Fund Cor	aign Fina ntribution.	naing S		O May Be to Fees					
10.	· · · · · · · · · · · · · · · · · · ·	OFFICE	RS AND DIRE	CTORS	11.			ADDITIONS/	CHANGES TO O	FFICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS ČITY-ST-ZIP	P MILNER, 5022 467 BRADEN			□ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIF				☐ Delete			· · · · ·				☐ Change	Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		· _		☐ Delste		li i				-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CATY-ST-ZIP				☐ Dekele	TITU NAM STR	Ε		•		PU 442-1-1-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITL NAM STR	E	•			•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP				□ Delete							☐ Change	☐ Addition	
indicated of the cor	l on this repo rooration or t	irt or supplemental he receiver or trus	report is true : see empowere	illing does not qualify fo and accurate and that d to execute this repor il other like empowered	my signa t as requ	ture shall have th	the sar	me legal effec	t as if made unde	er cath; that I	am an officer	or director : 1	
SIGNAT	URE:	Mally.	YPED OR PRINTER	MARY D HAME OF SIGNING OFFICE	LV.	Milner			1-17-04	9	141756 Dayone Phone 4	,5504	