

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90450 044 ***150.00

DOCUMENT # P03000088642					
1. Entity Name T. MILNER AND ASSOCIATES, INC.					
Principal Place of Business 141 SW PALM DR #107 PORT SAINT LUCIE, FL 34986 US			Mailing Address 141 SW PALM DR #107 PORT SAINT LUCIE, FL 34986 US		
2. Principal Place of Business 1541 SW Aledo LN Suite, Apt. #, etc.			3. Mailing Address 1541 SW Aledo LN Suite, Apt. #, etc.		
City & State Port Saint Lucie, FL Zip: 34953 Country: US			City & State Port Saint Lucie, FL Zip: 34953 Country: US		
6. Name and Address of Current Registered Agent MILNER, TRACY L 141 SW PALM DR. #107 PORT SAINT LUCIE, FL 34986			7. Name and Address of New Registered Agent Name: MARTHA MILNER Street Address (P.O. Box Number is Not Acceptable): 1541 SW Aledo LN City: Port Saint Lucie FL Zip Code: 34953		
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: <u><i>Martha A. Milner</i></u> DATE: <u>4-21-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILNER, TRACY L 141 SW PALM DR. #107 PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILNER, TRACY L 1541 SW Aledo LN Port Saint Lucie, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILNER, MARTHA A 141 SW PALM DR. #107 PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILNER, MARTHA A 1541 SW Aledo LN Port Saint Lucie, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Martha A. Milner</i></u>			Date: <u>4-21-04</u> Daytime Phone #: <u>772-873-8327</u>		