2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000088642 1. Entity Name T. MILNER AND ASSOCIATES, INC.						04-26-2004 90450 044 ***150.00					
Principal Place		Mailing Address			ļ						
141 SW PALM #107	A DR	141 SW PALM DR #107				••		•			
PORT SAINT LUCIE, FL 34986 US PORT SAINT LUCIE, FL 34			34986	US		 					
2. Principal Place of Business 3. Mailing Address.											
Suite, Apt.	Swaledo IN #, etc.	1541 Sub Que Suite, Apt. #, etc.	do L	N		04212004	Chg-P	C	CR2E034 (10/03)	مــــع هم و سيتنه م ــــــه	
City & State		City & State			***	4. FEI Numbe	*J172 C	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		plied For	
Poct S	wint Lucie, FL	Poct Saint	Countr	e,FL		2001	1007	2	¢0.75	t Applicable	
34953	UŚ	34953	ŲS		Ì	5. Certificate	of Status Desire	ed [Fee Require	d .	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
MILNER, TRACY L					Mare Martha MilNer						
141 SW PALM DR.					Street Address (P.O. Box Number is Not Acceptable)						
#107 PORT SAINT LUCIE, FL 34986					- 541 Sar atens In						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				City Code							
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. typhology printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when remistating) DATE											
A series of the											
FILE NOWILI FEE IS \$150.00 9. Election Campaign Financing — \$5.00 May Be- After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/	CHANGES TO	OFFICE	RS AND DIRECTOR	S IN 11	
TITLE	P	☐ Delete	TITLE		P				Change	☐ Addition	
NAME Street address	MILNER, TRACY L 141 SW PALM DR. #107		NAME STREE	T ADDRESS	\mathcal{N}_{I}	Ner, To	acyl edo LN	,			
CITY-ST-ZIP						SWW. <u>Swa</u> t		, Ci	34953	į	
TITLE	VP	☐ Delete	TITLE	- 1	γρ	I: 21241\		7	Change	Addition	
NAME	MILNER, MARTHA A , NAM				•	Ner M	JART LA	A	•		
STREET ADDRESS CITY-ST-ZIP	141 SW PALM DR. #107 PORT SAINT LUCIE, FL: 34986				1541	حین ۱۵ مری	do in	_	20062	}	
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NAME		_	NAME						_ ,		
STREET ADDRESS CITY-ST-ZIP			-	T ADDRESS			46			-	
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STREET ADDRESS			STREE	T ADDRESS							
CITY-ST-ZIP			СПУ-5	ST-ZIP							
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STREET ADDRESS				T ADDRESS			· ·			}	
CITY-ST-ZIP			CITY-S	ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME Street Address			NAME STREE	T ADDRESS						}	
CITY-ST-ZIP			CITY-S								
12. I hereby o	certify that the information supplied with	this filing does not qualify for	r the exem	ption state	d in Sec	tion 119.07(3)	i), Florida Statu	tes. I furt	her certify that the in	nformation or director	
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 cath; 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.											