


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90074 013 ***150.00

DOCUMENT # P03000096620					
1. Entity Name KERSTIN MILBERG, P.A.					
Principal Place of Business 1639 E. CAPE CORAL PKWY., STE. 103 CAPE CORAL, FL 33904			Mailing Address 1639 E. CAPE CORAL PKWY., STE. 103 CAPE CORAL, FL 33904		
2. Principal Place of Business - No P.O. Box # 16716 CROWNSBURY WAY		3. Mailing Address 16716 CROWNSBURY WAY			
Suite, Apt. #, etc. /		Suite, Apt. #, etc. /			
City & State FORT MYERS, FL		City & State FORT MYERS, FL		4. FEI Number 20-0388334	
Zip 33908		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05032007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent RANDOLPH, MICHAEL D ESQ. 1619 JACKSON ST. FT. MYERS, FL 33901			7. Name and Address of New Registered Agent Name <u>KERSTIN MILBERG</u> Street Address (P.O. Box Number is Not Acceptable) <u>16716 CROWNSBURY WAY</u> City <u>FORT MYERS</u> <u>FL</u> Zip Code <u>33908</u>		
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>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>KERSTIN MILBERG (PRESIDENT)</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>05-01-2007</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILBERG, KERSTIN 16704 CROWNSBURY WAY FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILBERG, KERSTIN 16716 CROWNSBURY WAY FORT MYERS, FL 33908	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILBERG, SVEN 16704 CROWNSBURY WAY FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILBERG, SVEN 16716 CROWNSBURY WAY FORT MYERS, FL 33908	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>KERSTIN MILBERG (PRESIDENT)</u>		<u>05-01-2007</u> <u>(239) 768-1222</u> <small>Date Daytime Phone #</small>	