

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90133 030 \*\*\*150.00

**DOCUMENT # P03000143173**

1. Entity Name  
**MICHAEL MILHOLIN, INC.**



Principal Place of Business  
**711 AVE B, NE**  
**WINTER HAVEN, FL 33881**

Mailing Address  
**711 AVE B, NE**  
**WINTER HAVEN, FL 33881**

40048345



**DO NOT WRITE IN THIS SPACE**

03102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3773222** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MILHOLIN, MICHAEL**  
**711 AVE B, NE**  
**WINTER HAVEN, FL 33881**

**DO NOT WRITE IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	OD
NAME	MILHOLIN, MICHAEL
STREET ADDRESS	711 AVE B, NE
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael Milholin*

4/14/06

Date

Daytime Phone # \_\_\_\_\_