2006 FOR PROFIT CORPORATION ANNUAL REPORT

PENDING
09-06-2006 90035 014 ***150.00
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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000042383

1. Entity Name
LOUIS D. MCMILION, III, INC.

Principal Place of Business	Mailing Address
374 WOODBINE DR. PENSACOLA, FL 32503 US	374 WOODBINE DR. PENSACOLA, FL 32503 US

09012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0895477
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCMILION, LOUIS D III
374 WOODBINE DR.
PENSACOLA, FL 32503

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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 Louis D. McMilion III 9-1-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCMILION, LOUIS D III
STREET ADDRESS	374 WOODBINE DR.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VP
NAME	MCMILION, PATTI F
STREET ADDRESS	374 WOODBINE DR.
CITY-ST-ZIP	PENSACOLA, FL 32503
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	

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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: Patti F. McMilion Patti F. McMilion 9-1-06 850-434-2633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 10/6