

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90018 037 ***150.00

DOCUMENT # P04000074087

1. Entity Name
KINGSMILL - MLC, INC.



Principal Place of Business
13400 SUTTON PARK DRIVE SOUTH
SUITE 1402
JACKSONVILLE, FL 32224

Mailing Address
13400 SUTTON PARK DRIVE SOUTH
SUITE 1402
JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1225252

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONTGOMERY, MITCHELL R
13400 SUTTON PARK DRIVE SOUTH
SUITE 1402
JACKSONVILLE, FL 32224

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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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MONTGOMERY, MITHCHELL R
STREET ADDRESS	13400 SUTTON PARK DRIVE SOUTH SUITE 1402
CITY-ST-ZIP	JACKSONVILLE, FL 32224

TITLE	V
NAME	RUDOLPH, MAURICE M
STREET ADDRESS	13900 SUTTON PK DR S, # 1402
CITY-ST-ZIP	JACKSONVILLE, FL 32224

TITLE	V
NAME	HITE, PATSY A
STREET ADDRESS	13900 SUTTON PK DR S, # 1402
CITY-ST-ZIP	JACKSONVILLE, FL 32224

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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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

Date

Daytime Phone #