

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

DOCUMENT # P05000008177

1. Entity Name

MILTON SERVICES INCORPORATED



02-20-2006 90066 001 ***155.00

02-20-2006 90066 002 *****8.75

Principal Place of Business

10342 FOXTRAIL ROAD SOUTH
APARTMENT 1413
ROYAL PALM BEACH FL 33411
US

Mailing Address

10342 FOXTRAIL ROAD SOUTH
APARTMENT 1413
ROYAL PALM BEACH FL 33411
US



2. Principal Place of Business

3. Mailing Address

5624 SPANISH RIVER ROAD
Suite, Apt. #, etc.

5624 SPANISH RIVER ROAD
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

FORT PIERCE, FL.

FORT PIERCE, FL.

4. FEI Number

20-2175520

Applied For

☒ Not Applicable

Zip
34951-2897

Country
St. Lucie

Zip
34951-2897

Country
St. Lucie

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, MILTON
10342 FOXTRAIL ROAD SOUTH
APARTMENT 1413
ROYAL PALM BEACH FL 33411

Name

JOHNSON, MILTON

Street Address (P.O. Box Number is Not Acceptable)

5624 SPANISH RIVER ROAD

City
FORT PIERCE

FL

Zip Code
34951-2897

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

MILTON JOHNSON *[Signature]*

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

2/08/2006
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME JOHNSON, MILTON
STREET ADDRESS 10342 FOXTRAIL ROAD SOUTH APARTMENT 1413
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE VP ☐ Delete
NAME JOHNSON, MILTON
STREET ADDRESS 10342 FOXTRAIL ROAD SOUTH APARTMENT 1413
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE S ☒ Delete
NAME JOHNSON, MILTON
STREET ADDRESS 10342 FOXTRAIL ROAD SOUTH APARTMENT 1413
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE T ☐ Delete
NAME JOHNSON, MILTON
STREET ADDRESS 10342 FOXTRAIL ROAD SOUTH APARTMENT 1413
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME KAREN S. JOHNSON
STREET ADDRESS 5624 SPANISH RIVER ROAD
CITY-ST-ZIP FORT PIERCE, FL. 34951-2897

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: MILTON JOHNSON *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/08/2006 772-464-1545
Date Daytime Phone #