

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077954

FILED
Apr 27, 2006
Secretary of State

Entity Name: C.B. MILUM CORP

Current Principal Place of Business:

2800 MILUM DRIVE
LAKEPORT, FL 33471 US

New Principal Place of Business:

Current Mailing Address:

2800 MILUM DRIVE
LAKEPORT, FL 33471 US

New Mailing Address:

FEI Number: 20-2916864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMS, LAURA K
223 S. PARROTT AVENUE
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REED, JOYCE M
Address: 8526 W 193RD TERRACE
City-St-Zip: STILLWELL, KS 66085 US

Title: VP () Delete
Name: GUIFFRIDA, ROBERTA J
Address: 2847 QUENLEY STREET
City-St-Zip: ST. CHARLES, MO 63301 US

Title: D () Delete
Name: MILUM, STEPHEN B
Address: 2800 MILUM DRIVE
City-St-Zip: LAKEPORT, FL 33471 US

Title: D () Delete
Name: MILUM, THOMAS D
Address: #3 DENNIS DRIVE
City-St-Zip: ST. CHARLES, MO 63303 US

Title: D () Delete
Name: TYLER, MARY E
Address: #12 SOUTH KERN
City-St-Zip: O'FALLON, MO 63366 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE REED

P

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date