

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90029 024 \*\*\*150.00

DOCUMENT # P06000090905

1. Entity Name

MILAM CONSTRUCTION SERVICES, INC.



Principal Place of Business

~~1035 RUTH DR.~~  
~~EDGEWATER FL 32132~~

Mailing Address

~~1035 RUTH DR.~~  
~~EDGEWATER FL 32132~~

163 28<sup>th</sup> St.

Same

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Edgewater,

Suite, Apt. #, etc.

City & State

Florida

Zip  
32141

Country

Zip

Country

4. FEI Number

74-3183162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MILAM, LOUIS A~~  
~~1035 RUTH DR.~~  
~~EDGEWATER FL 32132~~

Name

Louis A. Milam

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

163 28<sup>th</sup> St.

Edgewater

City

FL

32141

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 A. Milam*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete	MILAM, LOUIS A	<del>1035 RUTH DR.</del> 163-28 <sup>th</sup> ST	<del>EDGEWATER FL 32132</del> Edgewater, FL 32141	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: *Louis A. Milam*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-07

Date

386-  
663-2106

Daytime Phone #