

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000028465

Entity Name: THOMAS MILONE PA

FILED  
Apr 29, 2011  
Secretary of State

**Current Principal Place of Business:**

402 SW CARTER AVENUE  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

402 SW CARTER AVENUE  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILONE, THOMAS  
402 SW CARTER AVENUE  
PORT ST LUCIE, FL 34983 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILONE, THOMAS  
Address: 402 SW CARTER AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34983

I hereby 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 all other like empowered.

SIGNATURE: THOMAS MILONE

PRES

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date