

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90042 036 \*\*\*150.00

**DOCUMENT # P93000004694**

1. Entity Name  
**MILTON INSURANCE AGENCY, INC.**



Principal Place of Business  
**2863 W JEFFERSON ST  
MARIANNA, FL 32446 US**

Mailing Address  
**P O BOX 1528  
MARIANNA, FL 32447 US**

40000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-3164863**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MILTON, ALBERT T  
2863 JEFFERSON ST  
MARIANNA, FL 32446**

Name

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

City

FL

Zip Code

**32448**

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

*Albert T. Milton, Pres.*

*Albert T. Milton*

*01/09/2007*

Signature typed or printed name of registered agent and fee 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILTON, ALBERT T 2863 JEFFERSON ST MARIANNA, FL 32446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**32448**

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

*Albert T. Milton, Pres.*

*Albert T. Milton*

*01/09/07 (80)482-234*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone