

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90186 033 ***150.00

DOCUMENT # P94000087420

1. Entity Name

LABOR-COST MANAGEMENT, INC.



Principal Place of Business

**225 TROY ST.
FORT WALTON BEACH FL 32548
US**

Mailing Address

**225 TROY ST.
FORT WALTON BEACH FL 32548
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3280071**

Applied For
Not Applicable

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

**MILAN, DONALD F
2806 ARNOLD PALMER CT
SHALIMAR FL 32579**

Name **DONALD F. MILAN**

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

235 SHALIMAR DR

City **SHALIMAR** **FL** Zip Code **32579**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 **VSD** ☐ Delete
NAME **MILAN, DONALD F**
STREET ADDRESS **2806 ARNOLD PALMER CT**
CITY-ST-ZIP **SHALIMAR FL**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **235 SHALIMAR DR**
CITY-ST-ZIP **32579**

TITLE **PTD** ☐ Delete
NAME **MILAN, FRANK**
STREET ADDRESS **2806 ARNOLD PALMER CT**
CITY-ST-ZIP **SHALIMAR FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32579**

TITLE **S Secretary** ☐ Delete
NAME **BABETTE R. COSTELLO**
STREET ADDRESS **114 Boyce Dr**
CITY-ST-ZIP **SHALIMAR, FL 32579**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(i), 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:

Donald F. Milan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-04

Date

850-243-1018

Daytime Phone #