


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000035886	
1. Entity Name MILTON FOODS, INC.	

Principal Place of Business 6534 CAROLINE ST MILTON, FL 32570 US	Mailing Address 1326 E LUMSDEN RD BRANDON, FL 33511 US
--	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CURRY, CLIFTON C JR 750 WEST LUMSDEN ROAD BRANDON, FL 33511	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAZBOUR, TALAL 1326 E. LUMSDEN RD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARSHALL, ANDREW 1326 E. LUMSDEN RD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARSHALL, WILLIAM 1326 E. LUMSDEN RD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURLEY, MITCHELL B 1326 E. LUMSDEN RD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000342284
04/29/05-80050-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-21-05 813-684-0622
Date Daytime Phone #