2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000051448

Entity Name: MICHAEL D. MILLHORN, P.A.

FILED Apr 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13710 US 441, STE. 100 13710 US HWY 441

LADY LAKE, FL 32159 SUITE 100

THE VILLAGES, FL 32159 US

Current Mailing Address: New Mailing Address:

13710 US 441, STE. 100 13710 US HWY 441

SUITE 100 LADY LAKE, FL 32159

THE VILLAGES, FL 32159 US

MILLHORN, MICHAEL D ESQ.

FEI Number: 59-3385445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MILLHORN, MICHAEL D ESQ. 13710 US 441

13710 US HWY441 STE. 100 SUITE 100

LADY LAKE, FL 32159 US THE VILLAGES, FL 32159 US

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: 04/11/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MILLHORN, MICHAEL D MILLHORN, MICHAEL D Name: Name: 13710 US 441, STE. 100 13710 US HWY 441, SUITE 100 Address: Address: City-St-Zip: LADY LAKE, FL 32159 City-St-Zip: THE VILLAGES, FL 32159 US

Title: Title: (X) Change () Addition () Delete

Name: MILLHORN, PAULETTE G Name: MILLHORN, PAULETTE G 915 S.E. 5TH STREET Address: 1835 SE 22ND ST Address: OCALA, FL 34471 US OCALA, FL 34471 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL D. MILLHORN DR 04/11/2008