

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90002 047 \*\*\*150.00

**DOCUMENT # P96000099438**

1. Entity Name

DAVID J. MILLIGAN MASONRY, INC.



Principal Place of Business

2325 SOUTHWEST WOODRICH  
WOODRIDGE  
PORT ST. LUCIE FL 34953

Mailing Address

2325 SOUTHWEST WOODRICH  
WOODRIDGE  
PORT ST. LUCIE FL 34953

2. Principal Place of Business

9018 ONE PATT PLACE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 880817

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State  
Port St. Lucie FL

Zip  
34986

Country  
St. Lucie

City & State  
Port St. Lucie FL

Zip  
34988

Country  
St. Lucie

4. FEI Number  
65-0715072

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

MILLIGAN, DAVID J.  
2325 SOUTHWEST WOODRIDGE  
PORT ST. LUCIE FL 34953

Name  
MILLIGAN DAVID J.

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

9018 ONE PATT PLACE

City  
Port St. Lucie

FL

Zip Code  
34986

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MILLIGAN, DAVID J  
2325 SOUTHWEST WOODRIDGE  
PORT ST. LUCIE FL 34953 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President, Secretary  
Jo Milligan  
9018 One Patt Place  
Port St. Lucie FL 34986 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mailing address  
PO Box 880817  
Port St. Lucie, FL 34988 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Change ☐ Addition

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:

David J. Milligan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04

772-468-6598  
Date Daytime Phone #